### Department of Mental Health's 5<sup>th</sup> 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.

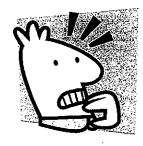
Be prepared to explain extenuating circumstances.

- 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.





\*\*Loud stereos and t.v.

\*\*Excessive guests hanging out

\*\*Scary activities: drugs, etc.



Sample	APPL	CATION TO	RENT OR I	EASE	A	PLEASE PRINT
APPLICANTS			BIRTH DATE	SOCIAL SECU	BITY DF	IVER'S LICENSE
FIRST	MIDDLE	, LAST	5-22-51	55+	(7	72
FRANCINE	·Hnn	Lenis	D-22-31	<del>                                     </del>		
			HO	ME PHONE	BUSI	NESS PHONE
OTHER NAMES USED WITH	N LAST 5 YEARS	<u></u>		14-8990		
None			101-20	7 8 7 7 6	<u> </u>	
ADDITIONAL OCCUPAN	ITS					COLOCALIT.
ALL OTHER PROPOSED OC	CUPANTS		AGE	RELATIO	NSHIP TO AF	PLICANI
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	<u> </u>					
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EMPLOYMENT	l Cui	RENT EMPLOYMEN	r PREVIOUS	EMPLOYMENT	PREVIO	JS EMPLOYMENT
		One	,			
EMPLOYED BY		UIIC				
ADDRESS						
EMPLOYER PHONE				<del>.</del>	<u> </u>	<del> </del>
OCCUPATION			<u> </u>		<u> </u>	
POSITION		<u> </u>			<del> </del>	
NAME OF SUPERVISOR					57014	то
DATES OF EMPLOYMENT	FROM	<del></del>	FROM	TO	FROM	
INCOME PER MONTH SS	SI . 5 7.	21	\$		\$	
DECIDENCE.			•			
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	L	eK An	Homele	e 5		
STREET ADDRESS			Monte			
CITY	10mon	) <i>U</i>	-			
STATE AND ZIP	1/1/20	F0 4	<del> </del>		·- · · · · · · · · · · · · · · · · · ·	
DATES OF STAY		1/1/02 to Present			<u> </u>	
LAST RENT PAID	\$ 350		\$	·	<u> </u>	
OWNER/MANAGER	Carol				<del> </del>	
and PHONE NUMBER	909-360	0-1080				
REASON FOR LEAVING	This a E	booard + cane	<u> </u>			
VEHICLES			<del></del>	1 ,,=,=		LICENSE NO.
AUTOMOBILES	MAKE	MODEL	COLOR	YEAR	-   -	LICENSE NO.

MOTORCYCLES

None		BRANCH OR ADDRESS		INT NO	I APPRI	OX, BALANCE
None	NAME OF BANK/S & L			NT NO.		
rone	Nan		CHECKING:		\$	<del></del>
			,SAVINGS:	<u> </u>	S ·	<del></del>
			CHECKING:		5	<del></del>
			SAVINGS.		S	<del>,</del>
CREDIT REFERENCES	ACCOUNT NO	ADDRESS/CITY	PHONE		ESENT LANCE	MONTHLY PAYMENTS
None						<u> </u>
						<u> </u>
ERSONAL REFERENCES					·	<u> </u>
N CASE OF EMERGENCY NOTIFY		ADDRESS/CITY		PHONE		ELATIONSHIP
Tarol Jones		TRICity Mental Hea	14h	909-36 860	91/4	se mar
CLOSE FRIEND		/				
None						
NEAREST RELATIVE LIVING ELSEWH	RE	,		- <del></del>		
		_				. •
When have you received welfare  Do you have any water filled furni  Do you have any pets?  Have you ever been evicted for no	ture or do yo	u intend to use any water filled many and what?	do s			
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Why are you leaving your present Please explain any "yes" answers fuxed owner would n	to General I	ntormation: Our brake d.	ium and a	ften.	gattin	g 1+.
fixed owner would n	of accept	of Rent				
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per month and upo	is hereby	•				application.
\$ per month and upon that and security deposits required by Application fee of \$	is hereby					application.
\$ per month and upon that and security deposits required by Application fee of \$	is hereby	•		process		application.

(A)2A(V)

### **APPLICATION TO RENT OR LEASE**

APPLICANT Each A	pplicant over the age o	of 18 must compl	ete the	ir own aj	plication	form		PLEASE PRINT
First, Middle, Last Nam	ne		D	ate of Bir	th	Soci	al Security #	Driver's License #
Other Names Used In	the Last 10 Years	-	————	ome Pho	ne	Ce	ell Phone	Email Address
	<del></del>			·	<del></del>	ļ	<u>.</u> .	·
		ı						
						<u> </u>	•	. 1
ADDITIONAL OC First, Middle, Last Nam	CCUPANTS List eve	ryone, who will li	ve with	you:		Γ	Polationshi	p To Applicant
	ic						Relationshi	р то кррпсанс
	····································				· · · · · · · · · · · · · · · · · · ·			
		• •						
EMDI OVMENT								
EMPLOYMENT	Cur	rent Employment					Prior Emplo	ymant
Employer	Cun	enc employment				<u>.</u>	PHOI EITIPIO	yment .
Address								
Employer Phone								•
Job Title							·	
Name of Supervisor				<u> </u>			····	
Dates of Employment	From:	To:			From:	From: To:		
Income Per Month	\$				\$			· · · · · · · · · · · · · · · · · · ·
DECIDENCE				····	l	<del></del>		
RESIDENCE	Current Re	voidones		Drovid	vic Pocid	0000		Previous Residence
Street Address	Current Re	esidence	<del> </del>	Previo	ous Resid			
City			ļ	•				
State & Zip			<u> </u>	·				<del> </del>
Dates of Stay								
L			ļ					
Owner/Manager And		····	ļ					
Phone number	· · · · · · · · · · · · · · · · · · ·		<u> </u>					
Reason For Leaving								
Last Rent Paid	\$		\$				\$	
VEHICLES				-				
Automobiles	Make	Model			Color		Year	License No.
	<del>_</del>				<del></del>			
							,	
Motorcycles		]				<u> </u>	,	
PERSONAL REFER								
In Case Of Emergency	, Notify	, , , , , , , , , , , , , , , , , , ,	Address	c/City		Ph	one	Relationship
Close Friend				<u>.</u>				
Close Friend	·							,
Nearest Relative Living	7 Fisewhere							<u></u>
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AOA Form No. 100A (Rev. 07/10) - Copyright 2006 - Apertment Owners Association of California, Inc - www.aoausa.com

• San Fernando Valley (818) 988-9200 • Los Angeles (323) 937-8811 • Long Beach (562) 597-2422 • Garden Grove (714) 539-6000 • San Diego (619) 280-7007 • Northern California (510) 769-7521

CREDIT INFORMAT Name of Bank or Savings		Il your financial obligations Branch or Address	Δαα	ount No.	Balance
Name of Dank of Davings	, C Louin	Dianell of Address	Checking	oune reor	\$
			Savings		\$
Credit Accounts	Account No.	Address/City	Phone	Balance	Due Monthly
<ul> <li>Do you have water filled</li> <li>Have you even distributing other crime</li> <li>Have you even distribution</li> <li>Have you even other reason</li> </ul>	e any pets?  ver filed for ban e any musical in e any water-fille furniture in the ver been convict or manufacturi ever been evicted n?	estruments?  Independent of the second of th	g, Canada de de la company de	YES	
		sidence?			
		/lease Apartment # pe	er month, and up	oon owner's app	proval agrees to
occupancy.	greement and/o	or Lease and pay all rent	and security de	posits required	belore
An application fee of credit history and oth		s hereby submitted for t information.	the cost of proce	essing this appli	cation, to obtain
authorizes verification and employers, and control credit Reports, Telephondor personal responded in the application.	on of all refere personal refere checks, and/or ferences upon ication may ca claim and rele	mation given on this a nces and facts, includin nces. Applicant hereby a criminal background re request. Applicant und use a delay in processin ases from liability any	g but not limite outhorizes owne eports. Applican erstands that ing which may re	d to current an r/agent to obta t agrees to fur ncomplete or i esult in denial (	nd previous landlord in Unlawful Detaine nish additional cred incorrect informatio of tenancy. Applican
Applicant:		•			<del></del>

FOR OFFICE USE ONLY	
Applicant name:	
Date:	





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

fec nat AI	leral, state, or local law prohibiting discrimination in housing on the basis of race, color, creed, ancestry, tional origin, sex, sexual orientation, and familial status, source of income, age, disability, AIDS, or DS relation condition. TDD Telephone device for the <a href="hearing impaired">hearing impaired</a> (888) 877-5379 or California lay Service.
To	the applicant: Please fill out this form completely. All references will be checked and if any information is
IOR	md to be false or incomplete, the application may be rejected. Use additional pages if more space is needed.  I. APPLICANT INFORMATION
1.	Applicant:
2.	Date of birth:
3.	Social Security number:
4.	Present address and telephone number
	Number and Street Apt. #
	CitySTZip 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? YesNo
	Type of accommodation?

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						

9. Da	o you or an	y members of your household have	: pets (includir	ng fish, birds	, rodents or reptiles)? YesNo
Type: _	<u> </u>				
		Il sources of income for all membe	_	ehold below. NO	Please check "YES" or "NO".
		Employment Self-Employment Social Security/ SSI Scholarship/Student Aid Insurance Policy Annuities Alimony or Child Support	700		AFDC/GA ("Welfare") Unemployment Compensation Pension/ Retirement Fund Disability/Death Benefits Severance Pay Strike Benefits Regular Contribution or Gift
		Award Other		•	(for rent, utilities, groceries, car  Payment, insurance, etc.)

	USEHOLD <u>Assets</u> .	'S TOTA	L ANNUAL INCOME S	
	A. Check	"YES" if	any family member has one or more of that ty	pe of asset.
	B. Check	"NO" if p	o family member has that type of asset.	
	C. Check	"DIVEST	ED" if any family member has disposed of the	at type of asset for less than fair market value within
	ine pa	ist 24 mon	ths.	
	YES	NO	DIVESTED	·
			Saving Account	
			Charles A.	
			Real Estate, Rental Property, 1	Rent
			Stocks, Bonds, Treasury Bills	, Certificate or Deposit Ira or Keogh
	<del></del>			
			Capital Gains, Capital Investm	nents
				nvestment (Gems, Autos, Art, Etc.)
		<del></del>	Other:	
но	USEHOLD	'S TOTA	L ASSETS:\$	
			•	
Hay	e von trans	ferred an	y assets in the past 2 years in excess of \$1.0	00 to anyone? ( ) Yes ( ) No
lf ye	s please ex	plain:		
12.	Subsidy. I	Do you ha	ve a Section 8 Certificate or other Rental Subs	sidy: [ ] Yes [ ] No
	Type of un	iit:	Fair Market R	ent
Port	3. REFE	PENCES		
	,			
Use prov	this space to ide two oth	o list previ er referenc	ous landlords for the last five years. If you have and indicate their relationship to you. Also	ave no previous landlord references, use this space to provide information about any prior evictions.
13.	Current La	ındlord		Rental period covered:
	Name	_		·
	Address			
				Kent paid S/ mo.
	Telephone			
	Reason for	leaving:_	,	
	Previous L			Rental period covered:
	Name			From to
	Reason for			<del></del>

14.	Termination of past?	Tenancy. Have	you or any membe	er of your household	d ever been asked to leave	e any apartment in th	he
	[ ] Yes [	l No					
	If yes, when?			And why?		<u>.                                    </u>	
15.	Have you or a	ny household me lo If yes, explain	mber ever been co	nvicted of a crime?			
16.	Do you antici	pate any changes No	in your household If yes explain:	composition or inc	ome within the next twel	ve months?	
17. mod	Do you or any lel of the vehicle	household memle(s):	pers own a motor v	ehicle that you plan	n to park at the property?	If so, what type and	đ
	Туре	•	Model		Year	•	
			-				
		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	<del></del>		
Par	4. STUDEN	<u> </u>	ON			•	
non		162 110			e student, or planning to		
YES	NO						
		B. Are you red	eiving AFDC/TAl olled in the Job Tra	y filing a joint tax n NF (Aid to Familie aining Partnership A	eturn! s with Dependent Childre act (JTPA) or another sim	n)? ilar local, county	PT
		D. Are you a :	single parent with	children and neithe	r your or the children ar	e dependents on	
	· ·	anyone else's a E. Will you be		one who is not a ful	l-time student? If so who	?	
oart	5. OUTREAC	CH CH					
low	did you hear a Newspaper, nan	about this proper	rty?	**************************************	,		
	Personal Refere	nce				<del></del>	
1	Name of nerson	<u>-</u>	·	<u> </u>			
	Other: please on	ecify:	<del></del>			··	
	- mont bicase sh	~~···y·		·			

### 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

representation. I acknowledge that any false statements capplication.	nd correct and acknowledge that the landlord shall rely upon this or misrepresentations shall be grounds for immediate denial of this
Applicant:	Date:
Applicant:	Date

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

### 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:

- Procedures for accepting applications and screening tenants
- 2. Nondiscrimination and equal opportunity requirements
- 3 When applicants may be rejected
- 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.

- 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.
   Former Landlards owners may ask for
- 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 Hobits.
- 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.
- 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.
   Handican Accommodations
- Handicap Accommodations owners may be required to modify the screening criteria as a reasonable accommodation to persons with handicaps.
- 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.
   Assistive Animals owners may require in the screening process.
- 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:

- Physical Examinations a pregnant woman could not be required to undergo medical testing to determine a child's sex for assigning bedroom size.
   Meals and Other Sarvices are serviced.
- Meals and Other Services owners may not require tenants to participate in meals programs that have not been approved by HUD.
- 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.
- 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 poison

# Reasons for ineligibility

### APPLICATION:

Incomplete application Insufficient references Family Composition False information

## CREDIT HISTORY:

Delinquent debts

Excessive financial obligations

Bankruptcy

### RENTAL HISTORY:

Unable to obtain landlord reference Unable to verify references

Garnishment, repossession, law-suit, etc Unable to verify residence

Unsatisfactory previous occupancy

# CRIMINAL RECORD:

Conviction within the last (2) years physical violence to persons or property or illegal drug for any crimes involving activity of any kind Unable to verify employment Income over the maximum

Unable to verify income

INCOME:

Insufficient income

income limit

### IN HOME VISIT.

Foor House Inspection

### OTHER:

Senior housing community - no minors are permitted



From a property management company's operations manual for a HUD-ubsidized 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)
  - o www.hud.gov
  - o 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
  - o Advertised in local newspapers "income restrictions apply"
  - o Newspaper press releases
  - o www.pennysaverusa.com
  - o List published on internet

http://treasurer.ca.gov/ctcac/history.asp Click on "Active projects receiving tax credits 1987-2011"

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