



**Application of Interest for Hidden Creek Village**

SLO Non Profit / Tax Credit Units

PO Box 13657- 487 Leff Street, San Luis Obispo, CA 93406 (805)543-4478

**Accepting Applications Now!**

**Rents vary depending on household gross income. The rent level of each household will be determined after eligibility verifications are completed.**

**Household Information: PLEASE PRINT – Do not use pencil**

<b>Name:</b>		<b>MALE</b>	<b>FEMALE</b>	Spouse/ Co-head:		<b>MALE</b>	<b>FEMALE</b>
Social Security No:		Age:		Social Security No:		Age:	
ID/ Driver License No:		DOB:		ID/ Driver License No:		DOB:	
Phone #	Cell#			Phone #	Cell#		

**Other Family Members who will live in the household:**

Name:	Age	Date of Birth	Sex	Social Security No:	Fulltime Student	ID / Driver License #

**Current Information:**

Current living address:		City:	State:	ZIP Code:
Mailing Address:		Monthly rent :	Length of time at this residence:	
Landlord Name:	Phone #	Cell#		
Address:	City:	State:	ZIP Code:	

**Do you currently have a Section 8 Voucher?**  Yes  No

**Source of Income / Employment**

**Please list gross monthly income for all Household Members**

\$	Employment ( Head)	\$	Employment (other)	\$	Employment (other)	\$	Unemployment
\$	TANF / Calworks	\$	Social Security	\$	Disability	\$	VA
\$	Child Support	\$	SSI	\$	Pension/retirement	\$	Investments
\$	Financial Aide	\$	Self Employment	\$	Other:		

Name of Employer:		Date of employment:		How long?
Position:	Rate of pay:	Hours per week:	Gross Monthly income:	
Employer Address:		City:	State:	ZIP Code:
Phone:	Message Phone:		Fax:	
Which household member is employed by the above?				

Name of Employer:		Date of employment:		How long?
Position:	Rate of pay:	Hours per week:	Gross Monthly income:	
Employer Address:		City:	State:	ZIP Code:
Phone:	Message Phone:		Fax:	
Which household member is employed by the above?				

**PLEASE COMPLETE OTHER SIDE**

1. What bedroom size are you requesting? .....  0     1     2     3     4

2. It MAY be a requirement of eligibility into this housing program that the Head of Household or the spouse falls into one of the following categories:     a) Elderly     b) Disabled    (Check the appropriate boxes)

3. If one of the above categories is checked, is a reasonable accommodation required?....  Yes     No  
If yes, what kind of reasonable accommodation is required? \_\_\_\_\_

4. Do you have a pet? .....  Yes     No

5. Is ANY household member an Honorably Discharged Veteran?.....  Yes     No

6. Is ANY household member over 18 AND a fulltime student?.....  Yes     No

7. Does ANY family member anticipate becoming a fulltime student in the next 12 months?  Yes     No

8. Has ANY household member ever been arrested? .....  Yes     No

9. Has ANY household member ever been convicted of a crime?.....  Yes     No

10. Is ANY household member on parole or probation?.....  Yes     No

11. Has ANY household member ever been served with an eviction notice?.....  Yes     No

12. Has ANY household member ever been terminated from a subsidized housing program?....  Yes     No  
(This includes Section 8, People Self-Help Housing, Public Housing, Section 236, Madonna Road Apts, etc.)

13. Has ANY household member ever been evicted by court order?.....  Yes     No

**If you answered YES to questions 4–13 above, please explain below:**

Question	Explanation:
# _____	_____
# _____	_____
# _____	_____
# _____	_____
# _____	_____

**Previous Rental History:**

**Previous address:** \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Monthly rent : \_\_\_\_\_ Length of time at this residence: \_\_\_\_\_ Do you have a letter of reference?  Yes     No

Landlord Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Cell# \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

**Previous address:** \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Monthly rent: \_\_\_\_\_ Length of time at this residence: \_\_\_\_\_ Do you have a letter of reference?  Yes     No

Landlord Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Cell# \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**References:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you working with a Social Service Agency?  No     Yes    Worker: \_\_\_\_\_ Phone: \_\_\_\_\_

**Read carefully before signing:** The information on this application is true and complete. I understand that it is a criminal offense to make willful false statements or misrepresentations to secure assistance from government supported programs. I further understand that my application will be denied if I have made any false statements or misrepresentations to HASLO's managing agent for its non-profit affiliates. I have no objections to inquiries being made to verify the information I provided. Information provided to determine eligibility shall be held as confidential. I give HASLO permission to run a background check and or credit check on all household members 18 years or older. Your interest application will only be kept on file for one year from the date of application. After a year, your application will be removed without notice. It is your responsibility to come in and update your application if you are still interested after one year. **THIS APPLICATION IS NOT FOR A SEC. 8 VOUCHER or PUBLIC HOUSING.**

<b>Signature of Household Members 18 years or older:</b>	
Signature: _____	Date: _____
Signature: _____	Date: _____
Signature: _____	Date: _____

