















RentCafe AR Tenant Process

 MENU  

Logged in as [Redacted]

| | | | |
|---|--|--|--|
|  Certifications |  Report a Change |  Basic Information |  Family Information |
|  My Waiting List Status |  Apply to Waiting List |  My Inspections |  Housing Assistance Payments |
|  Holds and Abatements |  View My Attachments |  Contact Us | |

QUICK LINKS


I want to:

Update Contact Details ▼

Go



Certifications



Report a Change



Basic Information



Family Information



My Waiting List Status




Apply to Waiting List



My Inspections




Housing Assistance Payments



Holds and Abatements



View My Attachments



Contact Us

QUICK LINKS

I want to:

Update Contact Details

Go

APPLICATIONS & CERTIFICATIONS



HOUSING AUTHORITY OF SAN LUIS
OBISPO
487 Leff Street
San Luis Obispo, CA 93401-4347

Account Information

- Type: Annual Recertification
- Status: Submitted
- Last Update Date: 7/21/2021
- Created Date: 5/27/2021
- Due Date: 6/30/2021

Continue

Annual Recertification

Language Selection

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Additional Questions

Final Review & Submission

Application Progress **0%**

* Denotes a required field

Upload Documents

View Messages

Select your preferred language.

Google Translate Disclaimer

By selecting a language from the list, you will translate your application into that selected language using the Google Translate online Service. Google Translate is subject to applicable Google Terms of Service. Google Translate is made available solely for your convenience, and its use is solely at your option.

As described by Google, the Google Translate service may NOT accurately translate your application, due to the limitations of Google's machine-generated translation. Use of the service is not intended to replace professional human translators.

Preferred Language*

- English
- Español (Spanish)
- Việt (Vietnamese)
- 中國傳統 (Chinese Traditional)

Next

Annual Recertification

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Application Progress 7%

* Denotes a required field

Upload Documents

View Messages

Welcome to your annual recertification.

Lets get started...

Equal Housing Opportunity Statement: We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the country. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, sex, religion, national or ethnic origin, familial status, sexual orientation or disability.



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Application Progress 13%

* Denotes a required field

Upload Documents

View Messages

Authorization

I approve a member from HASLO to input and complete my Certification online in my behalf.

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Tell Us About Household Members

Member Details



First Name*

Middle Name

Last Name*

Date of Birth*

Social Security Number*

Gender*

Relationship to the Head of Household*

Citizenship Status*

Is this person disabled?*

Ethnicity

Hispanic or Latino*

Race

American Indian or Alaska Native*

Asian*

Black or African American*

Native Hawaiian or Other Pacific Islander*

White*

Student Status

Was this person a student in the last year?

Notes:

Annual Recertification

Language Selection

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Final Review & Submission

Application Progress 20%

* Denotes a required field

Household Members

The household members we have on file are listed below.

Click **Review and Confirm** to review each household member and provide updates, if needed.

Click **Add Household Member** to include new members who will be living in your household.

Add Household Member

Edit & Review and Confirm 1st

| First Name | Last Name | Relationship | Age | Gender | Edit | Delete |
|------------|-----------|-------------------|-----|--------|--------------------|--------|
| | | Head of Household | | Female | Edit | Delete |
| | | Co-Head | | Male | Review and Confirm | Delete |

Showing 1 to 2 of 2 entries

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Next

Select the Next Button 2nd

Your Emergency Contact Information



Name

Relationship

Phone

Cell Phone

Address 1

Address 2

City

State

ZIP Code

Email

Cancel

Reason for Contact (choose all that apply)

- Emergency
- Unable to contact you
- Termination of rental assistance
- Eviction from unit
- Late payment of rent
- Assist with recertification process
- Change in lease terms
- Change in house rules
- Other

Annual Recertification

Language Selection

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Authorization

Household Members

Emergency Contact

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Additional Questions

Final Review & Submission

Application Progress 27%

* Denotes a required field

Upload Documents

Emergency Contact

You have the right to identify a person or organization that may be able to help in resolving issues that may arise during your tenancy or to assist in providing needed special care or services.

| Name | Relationship | Phone | Edit | Delete |
|------|--------------|-------|------|--------|
| | | | Edit | Delete |

Showing 1 to 1 of 1 entries

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Next

Tell Us About Income Information

get it done right the first time



Income Details

Income Type Definitions

Who earns this income?*

What type of income is this?

[Click Here](#) for income type definitions.*

Does this employer participate with The Work Number?

What is the employer's name?

What is the employer's street address?*

(street address - line 2)

City*

State*

ZIP Code*

What is the employer's phone number?

What is the fax number?

What is the job title?

When did this person start work at this job?*

How often is this income received?*

How much does this person receive for each income payment, before deductions and taxes?*

Notes

Close

Annual Recertification

Language Selection

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Household Members

Emergency Contact

Income Information

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Expense Information

Additional Questions

Final Review & Submission

Application Progress 33%

* Denotes a required field

Income Information

We have the following income information on file.

Click **Review and Confirm** to review each income item and provide updates, if needed.

Click **Add Income** to include new income information.

Based on HUD regulations, we may recalculate the income information that you provide.

Add Income

Edit/Review and Confirm 1st

| Name | Income Source | Annual Earnings | Edit | Delete |
|------|---------------------------------|-----------------|---------------------------|--------|
| | Social Security - SS \$341 mo | \$4,092.00 | Review and Confirm | Delete |
| | SSI - SSI \$624.72 | \$7,496.64 | Edit | Delete |
| | Social Security - SSA \$1451 mo | \$17,412.00 | Review and Confirm | Delete |

Showing 1 to 3 of 3 entries

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Next

Select Next Button 2nd

Tell Us About Asset Information



| Asset Details | Asset Type Definitions |
|--|--|
| <p>Who owns this asset?*</p> <input type="text" value=""/> <p>What type of asset is this? Click Here for asset type definitions.</p> <input type="text" value="Bank Accounts"/> <p>What is the name of this financial institution?</p> <input type="text" value="SESLOC"/> <p>What type of bank account is this?</p> <input type="text" value="Checking"/> | <p>What is the average market value of this asset?</p> <input type="text" value="\$2.03"/> <p>Does this account earn interest?</p> <input type="text" value="No"/> <p>What is the account number?*</p> <input type="text" value=""/> <p>Notes:</p> <input type="text" value=""/> |

Close



Annual Recertification



Application Progress 47%

Language Selection

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Final Review & Submission

* Denotes a required field

View Messages

Expense Information

We have the following expense information on file.

Click **Review and Confirm** to review each expense item and provide updates, if needed.

Click **Add Expense** to include new medical, disability or childcare expenses.

Add Expense

No Expenses Added

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Annual Recertification

Application Progress 40%

Language Selection

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* Denotes a required field

Asset Information

We have the following asset information on file.

Click **Review and Confirm** to review each asset and provide updates, if needed.

Click **Add Asset** to include new asset information.

Add Asset

Review and Confirm 1st

| Name | Asset Name | Value | Edit | Delete |
|------|--------------|----------|---------------------------|--------|
| | Bank Account | \$200.00 | Review and Confirm | Delete |
| | Bank Account | \$100.00 | Review and Confirm | Delete |

Showing 1 to 2 of 2 entries

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Select Next Button 2nd

Annual Recertification

Application Progress 60%

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* Denotes a required field

[Upload Documents](#)

Additional Questions

Please answer the following questions.

Were there any changes in your family/household within the last 12 months?*

No

Do you anticipate any changes in your family/household within the next 12 months?*

No

Were there any changes in your income or the income of any family member within the last 12 months?*

Yes

If yes, please describe:*

Do you anticipate any changes in your income or the income of any family member in the next 12 months?*

Yes

If yes, please describe:*

Have you or any other household member been arrested in the last twelve months?*

No

Are you, or any member of the household, subject to a lifetime sex offender registration requirement in any State?*

No

Does anyone outside of your household pay for any of your bills or living expenses?*

No

Are there any special or reasonable accommodations that you require?*

No

Has the immigration status of any household member changed within the last 12 months?*

Yes

Who:*

Is any member of your household a client of Tri-Counties Regional Center?*

Yes

Who:*

Check box to indicate that you understand that you are required to report all of the above changes within 10 days. Reporting on this annual family declaration form is NOT a substitute form of reporting.

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Final Review & Submission

Error Check

Documents

Summary

Sign and Submit

Application Progress

67%

* Denotes a required field

Upload Documents

Final Review & Submission

You are almost done! Before submitting your recertification, let's check for errors, upload verification documents, and review your information.

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Error Check

Documents

Summary


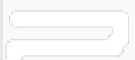



Sign and Submit

Application Progress 80%

* Denotes a required field

Documents

Upload the requested documents below. If you are unable to upload the documents at this time, click **Save and Continue**. We will gather the information at a later date.

| Document | Upload | Scan | View | Delete | Uploaded Date |
|--|------------------------|----------------------|----------------------|--------|---|
| [Redacted] - Upload a copy of your birth certificate. | Upload | Scan | | | |
| Optional - Scan other household documents. | Upload | Scan | | | |
| [Redacted] - Upload a copy of your Social Security card. | Upload | Scan | View | |  |
| [Redacted] - SESLOC - Upload necessary documents. | Upload | Scan | View | |  |
| [Redacted] - Cash Aid - Upload necessary documents. | Upload | Scan | View | |  |
| [Redacted] - Upload necessary documents. | Upload | Scan | View | |  |
| [Redacted] - Food Stamps - Upload necessary documents. | Upload | Scan | View | |  |

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Error Check

Documents

Summary

Sign and Submit

Application Progress 87%

*Notes a required field

[View Messages](#)

Summary

Review this summary and confirm your information is accurate and complete.

Add/Edit Member

| First Name | Last Name | Relationship | Age | Gender |
|------------|-----------|-------------------|-----|--------|
| Denise | Rueda | Head of Household | 52 | Female |

Showing 1 to 1 of 1 entries

Add/Edit Income

| Name | Income Source | Annual Earnings |
|--------------|-------------------|-----------------|
| Denise Rueda | Job - Dollar tree | \$27,939.00 |

Showing 1 to 1 of 1 entries

Add/Edit Asset

No Assets Added

Add/Edit Expense

No Expenses Added

I hereby certify that the information I provided above is true and correct to the best of my knowledge. I understand that a false statement may disqualify me for benefits.

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Error Check

Documents

Summary

Sign and Submit

Application Progress 93%

* Denotes a required field

[View Messages](#)

Sign and Submit

Your annual recertification will be submitted after all documents are signed.

| Document | View | Sign |
|--|--|------|
| Household Documents for [redacted] to Sign | View Document (Unsigned) | |

Showing 1 to 1 of 1 entries

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Consent to the Use of My Electronic Signature

By clicking "Agree & Continue", I consent to the use of my electronic signature instead of a physical signature to execute the rental application, rental property lease, and/or any corresponding documents for which I have initiated or applied, and I agree to be bound by the terms of the documents as if I had signed it with my physical signature.

Acknowledgment to Receive Notices, Renewals, and/or Extensions Electronically

I understand that, by my electronic signature, I hereby give my permission to the property owner or manager from whom I am renting to provide notices under the lease to me in electronic form and consent to the use of my electronic signature instead of a physical signature to execute renewals or extensions of the lease and any corresponding documents and agree to be bound by the terms of such a renewal or extension as if I had signed it with my physical signature.

Acknowledgment of Review of Electronic Signature Consent and Disclosures

I have received and reviewed this consent before providing my electronic signature and I have no difficulty accessing this information that has been provided to me electronically.

Acknowledgment of Option to Use or Not Use Electronic Signature Functionality

I understand that I am not required to sign the lease or any renewals or extensions or receive any notices under the lease electronically. If I prefer to sign with my physical signature, I understand that I may obtain a physical copy of the executable documents from the property owner or manager, complete it, physically sign it and return it to the property owner or manager at the property of interest, or from whom I am renting at the address identified by the property owner or manager.

Ability to Withdraw Consent to the Use of My Electronic Signature

I understand that, prior to my execution of the documents, I may withdraw my consent to use the electronic signature functionality and/or my consent to provide notices under the lease to me in electronic form or to receipt of any notice in electronic form by contacting the property owner or manager. I further understand that, after my execution of the lease and prior to any renewals or extensions of the lease or receipt of any notice in electronic form, I may withdraw my consent provided above to use my electronic signature instead of a physical signature or my consent to be provided notices under the lease to me in electronic form or to receipt of any notice in electronic form by providing written notice to the property owner or manager from whom I am renting.

Physical Signatures May Delay the Signing Process

I acknowledge and understand that executing the lease by a physical signature may result in, among other things, a delay in the leasing process, and the potential for the lease not to be approved by the property manager due to delays.

System Requirements to Utilize the Electronic Signature Functionality

To utilize the Electronic Signature functionality, a web browser that supports the HTTPS protocol, HTML, and cookies (e.g., including but not limited to, current versions of Chrome, Firefox, Internet Explorer, or Safari) will be needed. Viewing PDF documents requires Adobe Acrobat/Reader or similar software.

Instructions to Change Consent and/or Update Contact Information

I understand that I should contact the property owner or manager directly to request paper copies of documents, withdraw consent to conduct business electronically, and/or update my contact information.

Save My Signature Consent and Disclosure

By clicking "Save & Continue" at the next screen, I agree and consent to the use of my electronic signature, inclusive of my chosen signature and initials, instead of a physical signature to execute all documents chosen including legally binding contracts, and agree to be bound by the terms thereof as if I had signed each document with my physical signature.

DISAGREE

AGREE & CONTINUE

ANNUAL RECERTIFICATION

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Error Check

Documents

Summary

Sign and Submit

Application Progress 93%

* Denotes a required field

Upload Documents

SIGN AND SUBMIT

Your annual recertification will be submitted after all documents are signed.

| Document | View | Sign |
|-------------------------------------|--|------------------------------------|
| Household Documents for: [REDACTED] | View Document (Unsigned) | Click here to sign |

Showing 1 to 1 of 1 entries

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Create Your Signature

Use your mouse or finger to create your signature. You can [choose a script signature](#) instead.

Your Signature

Sign with mouse or

[Clear Signature](#)

Your Initials

[Clear Initials](#)

Choose a Script

Choose a script font for your signature, or [create your own](#).

-
-
-

Select a signature type and click Save & Continue

SAVE & CONTINUE



(805) 543-4478

[RESIDENT LOGIN](#) | [APPLICANT LOGIN](#)



[HOME](#)

[HOW TO APPLY](#)

[MAP](#)

[CONTACT US](#)



(805) 543-4478



LOGIN

* indicates required fields.

User Name

Password*

[Forgot password?](#)
[Click here to register.](#)



(805) 543-4478



CREATE AN ACCOUNT

If you have a registration code, please enter it here.

Enter Your Registration Code

Go

ALREADY HAVE AN ACCOUNT? LOGIN NOW!

LOGIN

HASLO uses this online system for multiple purposes - section 8 and project-based voucher waiting lists, and for individual properties under ownership or property management. Please note that other housing authorities or property management agents may also use this same online system as it used nationwide.

You **MUST** [register](#) for a new account (using your existing email account) using the link provided on www.haslo.org. The online system will recognize you after you have entered your name, SSN and email address and will prompt you for your existing password.

If you have applied to another property managed by HASLO or another

Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.

Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.

Check this box if you choose not to provide the contact information.

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

Signature of Applicant

Date

By signing below: I/We certify that the information given to the Housing Authority on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under federal law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

Warning! Title 18 Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States. You can go to jail if you have knowingly provided false or misleading information on this form! False statements or information are grounds for termination of your housing assistance, tenancy, or application.

All ADULT household members must sign a copy

| | | | |
|---------------------------------|----------------------------|---------------------------------|----------------------------|
| Signature: <input type="text"/> | Date: <input type="text"/> | Signature: <input type="text"/> | Date: <input type="text"/> |
| Signature: <input type="text"/> | Date: <input type="text"/> | Signature: <input type="text"/> | Date: <input type="text"/> |
| Signature: <input type="text"/> | Date: <input type="text"/> | Signature: <input type="text"/> | Date: <input type="text"/> |