



EQUAL HOUSING OPPORTUNITY



Property: _____ \ Rental Application

Dear Applicant:

This housing is offered without regard to race, color, national origin, sex, religion, ancestry, genetic information, source of income, age, marital status, familial status, sexual orientation or preference, gender identity, or disability, or any other basis prohibited by law.

A person with a disability may request a reasonable accommodation (a reasonable change in policies), a reasonable structural modification, an accessible unit or the provision of auxiliary aids and services, in order to have equal access to a housing program. If you or anyone in your household has a disability, and because of that disability requires a specific accommodation, modification or auxiliary aids or services to fully use our housing services, please contact our staff for a reasonable accommodation form.

Instructions: Please complete ALL sections of this application. ALL adult household members must sign the application. Submitting duplicate copies will be cause for rejection of all applicants.

General Information

- 1. What size apartment are you applying for: Senior: [] 1 Bedroom [] 2 Bedroom Family: [] 1 Bedroom [] 2 Bedroom [] 3 Bedroom [] 4 Bedroom
2. Do you require an apartment designed for the disabled/mobility impaired (accessible unit)? [] Yes [] No
Check all applicable: [] Mobility [] Hearing /Visual
If you answered YES above, what unit size are you applying for? [] 1 Bedroom [] 2 Bedroom [] 3 Bedroom [] 4 Bedroom
3. We are required to adhere to Federal Fair Housing laws and to encourage a balanced resident population at _____. Therefore, we will appreciate your checking the appropriate blank below regarding your race/ethnicity. You are not obligated to provide this information.
[] African American [] Asian/Pacific Islander [] Hispanic [] Native American [] White/Caucasian

4. How did you hear about our project? (Newspaper, Internet, Personal Reference etc) _____

Household Information

List ALL household members that are applying to live in the apartment (be sure to include your own name).

Table with 5 columns: Name (First, Middle Initial, Last), Relationship to Head of Household, M/F, Last 4 of Social Security Number, Age. Multiple rows for listing household members.

Current address: _____

Daytime Phone: _____ Evening Phone: _____

- YES NO
1. Do you expect any additions to the household within the next 12 months?
Name & Relationship: _____
Explanation: _____
2. Is there anyone living with you now who won't be living with you at this property?
Name & Relationship: _____
3. Do you have full custody of your child (ren)?
Explanation: _____
4. Are there any absent household members who under normal conditions would live with you?
(For example, a household member away in the military.)

Explanation: _____

The rental agent will make every effort to provide an interpreter/translator to an applicant upon request. Please check this box if you need a translator and please identify the language which is required: _____.

Current Residence

1. What is your current monthly rent? \$_____/Month

2. Why do you want to vacate your current residence?

3. What is the size of your current residence? # of Bedrooms _____

Rental History

YES NO

 1. Have you or any one else named on this application filed for bankruptcy?

Explanation: _____

 2. Have you or anyone in your household been evicted from a rental unit of any type including an apartment, home, or trailer?

Explanation: _____

 3. Have you or anyone in your household been convicted of property damage?

Explanation: _____

 4. Have you or anyone in your household been issued an eviction notice?

Explanation: _____

 5. Have you or anyone in your household been evicted from a property managed by Abode Communities in the last 5 years?

Explanation: _____

Housing References

List the past **FIVE** years of housing references. (If additional space is required, attach additional pages.)

	<u>Landlord's Name/Address</u>	<u>Your Address</u>	<u>Own/Rent</u>	<u>Dates</u>
Name:	_____	_____	Own <input type="checkbox"/>	From: _____
Address:	_____	_____	Rent <input type="checkbox"/>	To: _____
Phone:	(____) _____	_____		
Name:	_____	_____	Own <input type="checkbox"/>	From: _____
Address:	_____	_____	Rent <input type="checkbox"/>	To: _____
Phone:	(____) _____	_____		
Name:	_____	_____	Own <input type="checkbox"/>	From: _____
Address:	_____	_____	Rent <input type="checkbox"/>	To: _____
Phone:	(____) _____	_____		

Criminal Background

YES NO

 1. Have you or anyone in your household ever been convicted for the manufacture or distribution of a controlled substance?

Explanation: _____

 2. Have you or anyone in your household ever been convicted for a crime against persons or property? If yes, provide date (s) of each conviction.

Explanation: _____

 3. Have you or anyone in your household been convicted of any crime that subjects you or the household members to a lifetime registration requirement in any state sex offender registry?

Explanation: _____

Vehicle Information

Tag/License Plate #

State Issued

Make/Model/Year

Vehicle #1: _____

Vehicle #2: _____

Head of Household Name: _____

Income Information

Income is counted for anyone 18 or older (unless legally emancipated). However, if income is unearned income such as a grant or benefit, it is counted for all household members including minors.

PLEASE PROVIDE THE TOTAL Household's ANNUAL INCOME: \$ _____

Answer the questions in this section to provide the source(s) of all household income you listed above.

Include all income anticipated for the next 12 months.

Do YOU or ANYONE in your household receive OR expect to receive income from:

YES **NO**

 11. Employment wages or salaries? *(Include overtime, tips, bonuses, commissions and payments received in cash.)*

Household Member

Name of Company

Amount

 12. Self-employment? *(Include overtime, tips, bonuses, commissions and payments received in cash.)*

Household Member

Type of Business

Amount

 13. Regular pay as a member of the Armed Forces?

Household Member

Base Name & Branch

Amount

 14. Unemployment benefits or worker's compensation?

Household Member

Administrative Office

Amount

 15. Public Assistance, General Relief or Aid to Families with Dependant Children (AFDC)?

Household Member

Administrative Office

Amount

 16. (a) Child Support or Alimony?

(We must count Court-ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered rather received directly from payer.)

Household Member

Payor

Amount

(b) How is the support received? *(Check all that apply)*

Child Support Enforcement Agency *Name of Agency:* _____

Court of Law *Name of Court:* _____

Directly from Individual *Name of Person:* _____

Other *Explain:* _____

 (c) If money is not actually received, are you taking legal action to remedy?

Explanation: _____

YES

NO

17. Social Security, SSI or any other payments from the Social Security Administration?

Household Member SSA Office Amount

18. Regular payments from a Veteran's benefit, pension, retirement benefit or annuities?

Household Member Source of Benefit Amount

19. Regular payments from a severance package?

Household Member Source of Benefit Amount

20. Regular payments from any type of settlement? *(For example, insurance settlements.)*

Household Member Source of Benefit Amount

21. Regular gifts or payments from anyone outside of the household?

(This includes anyone supplementing your income or paying any of your bills.)

Household Member Source of Benefit Amount

22. Educational grants, scholarships, or other student benefits?

Household Member School Name or Administrative office Amount

23. Regular payments from lottery winnings or inheritances?

Household Member Source of Benefit Amount

24. Regular payments from rental property or other types of real estate transactions?

Household Member Source of Benefit Amount

25. Any other income sources or types not listed?

Household Member Source of Benefit Amount

26. Do you or any other household members expect any changes to your income in the next 12 months?

Explanation: _____

Asset Information:

Including all assets Held and the income derived from the asset. INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS.

Do YOU or ANYONE in your household hold:

YES

NO

27. Checking or savings account?

Household Member Name of Bank & Type of Account Amount

<input type="checkbox"/>	<input type="checkbox"/>	28. CDs, money market accounts or treasury bills?		
		<u>Household Member</u>	<u>Name of Bank & Type of Account</u>	<u>Amount</u>
		_____	_____	_____
		_____	_____	_____

<input type="checkbox"/>	<input type="checkbox"/>	29. Stocks, bonds or securities?		
		<u>Household Member</u>	<u>Name of Bank & Type of Account</u>	<u>Amount</u>
		_____	_____	_____
		_____	_____	_____

Head of Household Name: _____

YES **NO**

<input type="checkbox"/>	<input type="checkbox"/>	30. Trust funds?		
		<u>Household Member</u>	<u>Name of Bank & Type of Account</u>	<u>Amount</u>
		_____	_____	_____
		_____	_____	_____

<input type="checkbox"/>	<input type="checkbox"/>	31. Pensions, IRAs, Keogh or other retirement accounts?		
		<u>Household Member</u>	<u>Name of Bank & Type of Account</u>	<u>Amount</u>
		_____	_____	_____
		_____	_____	_____

<input type="checkbox"/>	<input type="checkbox"/>	32. Cash on hand over \$500?		
		<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
		_____	_____	_____
		_____	_____	_____

<input type="checkbox"/>	<input type="checkbox"/>	33. Real estate, rental property, land contracts/contract for deeds or other real estate holdings? <i>(This includes your personal residence, mobile home, vacant land, farms, vacation homes or commercial property including out of the country.)</i>		
		<u>Household Member</u>	<u>Property Address</u>	<u>Amount</u>
		_____	_____	_____
		_____	_____	_____

<input type="checkbox"/>	<input type="checkbox"/>	34. Personal property held as an investment? <i>(This includes paintings, coin or stamp collections, artwork, collector or show cars, and antiques. This does not include your personal belongings such as your car, furniture or clothing.)</i>		
		<u>Household Member</u>	<u>Name of Bank & Type of Account</u>	<u>Amount</u>
		_____	_____	_____
		_____	_____	_____

<input type="checkbox"/>	<input type="checkbox"/>	35. A safe deposit box?		
		<u>Household Member</u>	<u>Name of Bank & Type of Account</u>	<u>Amount</u>
		_____	_____	_____
		_____	_____	_____

<input type="checkbox"/>	<input type="checkbox"/>	36. Have you or any household members disposed of or given away any asset(s) for LESS than fair market value within the past 2 years?		
		Household Member: _____	Amount: _____	
		Explanation: _____		

Applicant Status

YES **NO**

<input type="checkbox"/>	<input type="checkbox"/>	37. Are you or any other ADULT household members claiming zero income?	
		Household Member: _____	
		Explanation: _____	

<input type="checkbox"/>	<input type="checkbox"/>	38. Are you or any other household members (INCLUDING MINORS) currently a full-time student or expect to be one in the next 12 months?	
		Household member(s): _____	

<input type="checkbox"/>	<input type="checkbox"/>	39. Are there any household members that are currently enrolled in an institute of higher learning?	
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If answered yes above, please check one of the following: _____ Full-time Student _____ Part-time Student

39. Will you or any ADULT household member require a live-in care attendant to live independently?

Name of Attendant: _____

Relationship (if any): _____

40. Will your household be receiving Section 8 rental assistance at time of move-in?

Name of agency: _____

Contact Person: _____

41. Will your household be eligible or are you applying to receive Section 8 rental assistance in the next 12 months?

Expected Date: _____

Name of Agency: _____

Contact Person: _____

U.S. Citizenship (SECTION 8 ONLY – NOT FOR USE ON TAX CREDIT PROPERTIES)

ALL APPLICANTS MUST COMPLETE THE INFORMATION BELOW

The state of California may enact public law which implements the provisions of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Pub. L. No. 104-193), which provides that only citizens or nationals of the United States or qualified aliens may receive agency public benefits. You may be required to show proof of citizenship or a qualified alien status to be eligible to reside in the apartment community. Note: At least one member of the family must provide proof of citizenship or qualified alien status for the family to qualify for housing.

1. Total Number of Family Members: _____
2. Number of U.S. Citizens: _____
3. Number of Legal (Qualified) Residents: _____
4. Number of Members without Legal Status: _____

Credit Information

PLEASE SIGN BELOW TO AUTHORIZE THE CREDIT REPORT AND CRIMINAL BACKGROUND CHECK. Management will perform a credit and eviction history and may perform a criminal background check of all applicants as part of the applicant screening criteria. Your application will not be considered unless you provide management with your consent to obtain a credit report on each adult household member.

_____	_____	_____
(Signature)	(Signature)	(Signature)
_____	_____	_____
(Signature)	(Signature)	(Signature)

Signature Clause

I understand that management is relying on this information to prove my household's eligibility for the Housing Credit Program. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. **I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.**

I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, and account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting management's applicant screening criteria and the Housing Credit Program requirements.

All ADULT household members must sign below:

_____	_____	_____	_____
Signature	Date	Signature	Date
_____	_____	_____	_____
Signature	Date	Signature	Date
_____	_____	_____	_____
Signature	Date	Signature	Date

NOTE: Definition of an adult is 18 years of age or older, unless legally emancipated.

_____ does not discriminate on the basis of handicapped status in the admission or access, or treatment or employment in, its federally assisted programs and activities.

Office Use Only:

Application Received by: _____

Date/Time Stamp: _____





Camino del Mar & Vista del Mar Apartments Resident Selection Criteria

Abode Communities and Mercy Housing California are dedicated to providing exceptional housing opportunities. Below is the Resident Selection Criteria for that Abode Communities uses to select applicants to reside in its properties. Abode Communities strictly follows all HUD, and TCAC selection and occupancy regulations. Abode Communities complies with Section 504 of the Rehabilitation Act of 1973, the Fair Housing Act and the title VI of the Civil Rights Act of 1964, the California Fair Employment and Housing Act and Unruh Civil Rights Act:

- A. The Section 504 of the Rehabilitation Act prohibits discrimination on the bases of disabilities.
- B. The Fair Housing Act prohibits discrimination in housing related transaction based on race, color, religion, sex, national origin, handicap, and familial status.
- C. Title VI of the Civil Rights Act or 1964 prohibits discrimination on the basis or race, color or national origin.
- D. The California Fair Employment and Housing Act and the Unruh Civil Rights Act prohibit discrimination on the basis of race, color, religion, sex, gender, gender identity, gender expression, national origin, ancestry, familial status, disability, age, marital status, sexual orientation, and source of income, medical condition, genetic information, citizenship, immigration status, primary language, perception, association, or any arbitrary basis.

Applicant households must meet the requirements herein outlined and meet income requirements to participate in the Low Income Housing Tax Credit program and meet eligibility requirements for the Project-based Section 8 Voucher program to be approved for a unit. The Housing Authority of the City of Los Angeles, HACLA, will conduct their own eligibility assessment process. Approved households for housing will be required to participate in resident services programs as a condition for housing and rental assistance at Camino del Mar and Vista del Mar Apartments.

I. OCCUPANCY STANDARDS

- A. Unit sizes are assigned based on family size alone, not family composition. Units will be occupied in accordance with HACLA Occupancy Standards:

<u>UNIT SIZE</u>	<u>MINIMUM</u>	<u>MAXIMUM</u>
1 Bedroom	1	4
2 Bedroom	3	6
3 Bedroom	5	8

II. APPLICATION PROCESS

- When a potential resident comes for application, manager gives tour of property and gives a written description of program requirements.
- Application is given to all persons. Only when waiting list is closed are applications not given.
- Applicant receives Application Packet including: Application, Resident Selection Criteria, and List of Information to bring at interview.

- On receipt of application, manager will do a “preliminary review”, which will check completeness of application. The Application Letter will be issued and given to the applicant. The Application Letter will serve as receipt of the submitted application. The property manager will enter the applications on Boston Post daily and email a copy to the Occupancy/ Compliance Specialist for further review and record keeping.
- An Application Update form is immediately attached to the application to record and track all activity related to the application. Example; changes reported by the family, contact efforts, application semi-annual updates, coding the status of the application, etc.
- Only initial Lease-Up applications will be processed by Random Selection (Lottery) when applicable. All following applications will be listed on the waiting list in the order they are received, and residents will be selected on a ‘first come, first qualified, first served’ basis.
- If no units are available, an eligible applicant will be placed on a Waiting List. All applications will be date-stamped and processed in the order they were received. Manager will notify applicant of rank and unit eligibility. Manager will also inform applicant that it is their responsibility to update management of any changes.
- We reserve the right to close a waiting list if necessary to manage the volume of applications and waiting time.
- Upon reaching the top of the waiting list, and upon unit availability, applicants will be contacted for an eligibility interview.
- Residential history, Credit and Criminal background checks will be conducted. A charge of \$30 will apply per adult for the credit and criminal background checks.
- All persons of the household (regardless of age) must be present at interview.
- All required forms and income and asset verifications will be completed and signed by each adult member of the household. Upon completion of the initial eligibility process, eligible households will be referred to HACLA to conduct their own eligibility assessment and inspection of the unit prior to be approved for a unit.
- Property requirements are to be clearly explained.

III. INCOME VERIFICATION PROCESS

Abode Communities conducts all income and personal verifications in accordance with all regulations required by the California Tax Allocation Committee, HUD’s Handbook 4350.3 and Property Qualification. Abode Communities has a 40% rent-to-income ratio that an applicant needs to meet in order to qualify to live on the property.

A. Financial

1. All income will be verified in writing by the income source indicated on income certification form.
2. All assets, including bank accounts, will be verified in writing.
3. Third-party income verifications will be required from all sources, including but not limited to:
 - a. Employment
 - b. Pension
 - c. Disability
 - d. Government Assistance, A.F.D.C., etc.
 - e. Social Security, including Supplemental Income Assistance
 - f. Student Status
 - g. Asset verifications (i.e.: checking, savings, property, stocks, bonds, annuities, IRA, etc.)

4. Income calculations are based on the applicant's annual gross (anticipated) income for the following 12 months. Annual income also includes income earned from any and all assets.
5. The rent amount shall not exceed 40 percent of the household gross monthly income.

B. Rental and Landlord History

To determine if an applicant will abide by all Lease and Lease Addendum Regulations, Abode Communities will exercise its right under Sec. IV of TCAC's Handbook and HUD's regulation 24 CFR part, 5 to conduct Landlord Verifications.

1. Abode Communities will conduct Landlord and Rental History Verifications for the past five (5) years.
2. Any negative reports from current landlord will cause an applicant to be declined.
3. Any negative reports from previous landlords will cause an applicant to be declined.
4. A negative report is defined as; failing to honor lease agreements, failure to pay rent, a noticeable history of documented complaints from management or neighbors.

C. Credit Checks

To determine if an applicant is able to pay for rent, Abode Communities will exercise its right under Sec. IV of TCAC's Handbook and HUD's regulation 24 CFR, part 5 to conduct Credit Checks via a hired contractor.

1. will be declined if credit report reflects one or more of the following (totaling \$2,500 or more) within the past five (5) years:
 - a. Repossession.
 - b. Default on loan.
 - c. Unpaid judgments.
 - d. Unpaid Collections.
 - e. Write off's.
 - f. Unlawful Detainer/Eviction within the past five (5) years.

Note: Applicants with an eviction record from an Abode Communities own or managed property will not be accepted at any time.

D. Criminal and Drug Background Checks

To determine if applicant would not endanger other potential or current residents, Abode Communities will exercise its right under Sec. IV of TCAC's Handbook and HUD's regulation 24 CFR, part 5 to conduct Criminal and Drug Background Checks.

1. A Criminal and Drug Background Check will be conducted for every member of the household 18 years and older (including emancipated youths).
2. The "check" will be conducted by a hired contractor and will encompass every state or province that members of the household have resided in.
3. For all HUD subsidized properties, a national sex offender registry search will be conducted. Any member of the household who is subject to a lifetime registration

requirement under a state sex offender registration program will automatically be denied per HUD regulations.

4. Criminal history will only be considered if the applicant passes the credit check and meets all other rental criteria for the property. If the applicant does not meet the credit and/or other rental criteria, then the application should be denied on that basis without consideration of the criminal history.
5. A Criminal and Drug Background Check that reveals a criminal conviction (whether misdemeanor or felony) for the manufacture or distribution of controlled substances will result in a denial.
6. Any other convictions for crimes against persons or property will result in an individualized assessment being conducted to determine whether the applicant is a threat to resident safety or the property.
7. A household with any member currently engaged in any illegal activity including, but not limited, to the use or manufacture of any illegal substance will be denied.

Note:

To be admitted with a past eviction for any drug-related criminal history, the household member must submit proof of completion of a supervised drug rehabilitation program; proof that the circumstances of eviction no longer exist and that the applicant has been sober for at least one year.

A \$30.00 fee for processing Credit, Criminal and Drug checks will be charged per applicant household. If applicant pulls application before any credit or criminal checks are conducted, the fee will be returned to the applicant. But if applicant is processed through the background checks, all fees will be non-refundable.

IV. CITIZENSHIP STATUS: The applicant household must meet the documentation requirement of citizenship or eligible immigration status to participate in the Project-based Section 8 Voucher program.

V. SOCIAL SECURITY NUMBER REQUIREMENTS – HUD SUBSIDIZED PROPERTIES

1. For all HUD Project-based programs, applicants must disclose a social security number (SSN) for all family members at least 6 years of age and older. If no SSN has been assigned, the member must complete a certification that no SSN has been assigned and show proof from the Social Security Administration that a SSN has been requested. The household member then has 60 days to obtain a valid Social Security Number, seniors (62 years of age and older) have 120 days, during which time applicant will stay on waiting list in current place. If time period of 60 or 120 days is not met, household will be rejected.
2. If as social security card is not available, one of the following documents may be used to document the correct number if it includes the household member's social security number:
 - Identification card issued by a federal, state, or local agency.
 - Identification card issued by a medical insurance company or provider (including Medicare and Medicaid);
 - Identification card issued by an employer or trade union;
 - Military or Veteran's Administration records;
 - Benefit award letters from government agencies;
 - Retirement benefit letter;
 - Life insurance policies;

- Official Court records (recorder real estate records, tax notices, marriage and divorce, judgment, or bankruptcy records)
- IRS form 1099

V. WAITING LIST

Each individual on-site manager will maintain a waiting list. Abode Communities applies all guidelines for waiting list management and up-keep provided under HUD's regulation 24 CFR 5.655 (Owner Preference in Selection for a Project or Unit).

1. A waiting list will be maintained for each property. Properties will keep an electronic master waiting list for all applicants. Applicants will be contacted for every unit they are eligible based on the household size.
2. The compliance department will oversee the upkeep and management of the waiting for all properties.
 - i. The waiting list will be updated every six months. A Waiting List Update form is mailed to the most recent address given by the applicant. If no response is received within 14 days, the application will be considered inactive from that day forward and removed from the waiting list permanently if no contact is made by the applicant after 6 months. Active applicants will be contacted if any vacancies should occur.
 - ii. Abode Communities reserves the right to close the waiting list when the volume is deemed to be reasonable to meet unit turnover demands. In the event of closure and re-opening, under HUD guidelines, Abode Communities will "publish" status of list.
 - iii. A waiting list will also be kept for transfers, applicable to in-house transfers. Households in existing units will be eligible to request a transfer to a larger unit only when the size of the household exceeds the maximum number per unit. Refer to Occupancy Standards. Management will consider requests for unit transfers as a reasonable accommodation for medical needs.
 - iv. If an applicant on the waiting list refuses three units offered to him/her, he/she after being approved for a unit, the applicant will be removed from the waiting list.
 - v.

VI. REJECTED APPLICANTS

b. Applicants may be rejected for any of the following:

1. Blatant disrespect, disruptive or anti-social behavior toward management, the property, or other residents exhibited by an applicant or family member any time prior to move-in (or demonstrable history of such behavior.)
2. A negative landlord or other reference, encompassing failure to comply with the lease.
3. A negative credit report totaling \$2,500.
4. A history of eviction.

5. Falsification of any information on the application or any other legally binder documents.
6. A negative Criminal and Drug Background Check.
7. Other justifiable causes, including but not limited to, failure to meet program requirements or other selection criteria requirements.

c. Appeals for Ineligible Applicants:

1. An Unable to Accommodate Notice will be mailed to all ineligible applicants.
2. All rejected applicants will have the right to appeal the decision. Abode Communities must receive the appeal no later than fourteen (14) days after the date of the rejection letter. Appeal must be submitted in writing, with copies of any documentation that proves our decision incorrect. If rejection is due to a Criminal and Drug Background Check or Credit Check, applicant has right to ask that records be unsealed.

Note:

For example: Acceptable documentation for bad debt would be a credit check from the same credit agency, showing the bad debt has been corrected, or a letter from the company that reported the bad debt was reconciled before the application process began.

3. Property Supervisor will respond whether or not the applicant has been reinstated within ten (10) working business days.
4. Reinstated applicants will remain in their original place on the waiting list.

VISTA DEL MAR & CAMINO DEL MAR APARTMENTS

Eligibility Required Documents

Dear Applicant:

You are required to provide the necessary documentation to process your application for eligibility. Below is a list of documents you will need to provide at interview time. Please bring a copy of each original document that is applicable to your household. Use the "Check" column to ensure you have all necessary documents.

Item	Document Description	Check
1	Photo ID or Driver License for all adult members in the household	
2	Birth Certificates for all household members under 18 yrs. of age.	
3	Social Security Cards for all members in the household, or proof that one has been requested from the SSA Office.	
4	Documents to verify legal residence status in the USA for household members. At least one household member must have legal status to be processed for eligibility.	
5	\$30 money order, payable to "Abode Communities" for each adult in the household to run a credit and criminal background report.	
6	Signed and dated Income Tax returns for the last two years, 2015 & 2016 with W2s /1099s attached for each adult in the household.	
7	Last 3 months of consecutive employment paystubs for each employed household member.	
8	Benefit letters or current statement of benefits received from Social Security, Unemployment, TANF/AFDC, General Relief, Child Support, Pensions including from foreign countries, Alimony payments, and any other source of income received by minor household members.	
9	Last 6 bank statements for each checking account for each member in the household. Provide all pages of the bank statement.	
10	A current bank statement for each savings account for each member in the household, and for other assets held by each household member.	
11	A current 401K statement with the current value, if applicable.	
12	Financial Aid Statement for each adult household member enrolled in school, if applicable.	
13	If self-employed, provide Schedule C, Profit and Loss Statement and 1099 for 2015 & 2016, if applicable.	
14	Name and address of employment location and owner information	
15	Name and address of prior and current landlord for the last 5 years.	