



LITTLE HOLLYWOOD/RENTAL SUBSIDY PROGRAMS APPLICANT WAITING LIST/INTEREST FORM

The San Juan Capistrano Community Redevelopment Agency's Little Hollywood/Rental Subsidy Programs offers rental assistance for up to three years to qualified applicants. At this time, persons that submit this form will be added to a waiting list. However, placement on the waiting list does not constitute approval or denial of assistance. To be eligible to receive assistance, you must meet the following minimum criteria:

1. Your gross annual income cannot exceed the amount indicated on the chart for your household size. Please check applicable box.

HOUSEHOLD SIZE	2013 MAXIMUM ANNUAL <u>GROSS</u> INCOME*
1	\$53,950
2	\$61,650
3	\$69,350
4	\$77,050
5	\$83,250
6	\$89,400
7	\$95,550
8	\$101,750

*These figures update annually by California Housing and Community Development Department

2. You may not have an ownership interest in any property.
3. You must have short and long-term goals for becoming self-sufficient.
4. You must be willing to participate in monthly tenant education classes and counseling.
5. You must be willing to perform volunteer work.
6. You must be willing to be subjected to a background check, to monthly Agency inspections of your residence, and to restrictions on maximum occupancy limits.
7. All adults in household must be employed, full time or part time if receiving further education.
8. All occupants must be a U.S. Citizens or Legal Permanent Resident Aliens.

IF YOU WOULD LIKE TO BE CONSIDERED FOR THE PROGRAM, PLEASE COMPLETE THE FOLLOWING PAGES:

Name: _____ No. Persons in Household: _____
 Current Address: _____ City: _____
 Daytime Phone No.: (____) _____ Annual Gross Income: \$ _____ Zip: _____

By signing below, you are: (1) certifying that the information contained in this form and in the attached questionnaire is true and correct as of the date below; (2) agreeing that this document is the property of the Agency and need not be returned to you; and (3) authorizing the City to verify the accuracy and completeness of all information from any source the Agency chooses. **If you withhold, falsify, or willfully misrepresent any information, the Agency reserves the right to refuse assistance through the Little Hollywood/Rental Subsidy programs. Receipt of this interest form by the Agency does not mean you have been approved for rental assistance. If you have questions contact Housing at 949-443-6313.**

SIGNATURE

DATE

Please Return Form to:
 San Juan Capistrano Housing
 32400 Paseo Adelanto
 San Juan Capistrano, CA 92675



LITTLE HOLLYWOOD/RENTAL SUBSIDY APPLICANT INFORMATION FORM

ADULT(S)

Name (Head of Household)

Date of Birth

Name

Date of Birth

CHILDREN/DEPENDENTS:

Name

Date of Birth

Household Monthly Income: \$ _____

Sources of Income(s) (all household members 18 years of age and older): _____

Employer Name(s) (all household members 18 years of age and older): _____

Head of Households Employer Address: _____
Street No.
Street Name
City
Zip

Head of Household Position: _____

Head of Household Phone/Fax No.: _____
Home Phone
Work Phone
Fax No.

May we contact you at work? Yes No

Which of the following ethnic groups do you belong? (Optional)

Race Categories	Check Only <u>ONE</u> Race Category	Check if Also Hispanic
White	<input type="checkbox"/>	<input type="checkbox"/>
Black/African American	<input type="checkbox"/>	<input type="checkbox"/>
Black/African American & White	<input type="checkbox"/>	<input type="checkbox"/>
Asian	<input type="checkbox"/>	<input type="checkbox"/>
American Indian/Alaska Native	<input type="checkbox"/>	<input type="checkbox"/>
Native Hawaiian/Other Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>
American Indian/Alaska Native & White	<input type="checkbox"/>	<input type="checkbox"/>
Asian & White	<input type="checkbox"/>	<input type="checkbox"/>
American Indian/Alaska Native & Black/African American	<input type="checkbox"/>	<input type="checkbox"/>
Other Multi-Racial	<input type="checkbox"/>	<input type="checkbox"/>

The City of San Juan Capistrano does not discriminate on the basis of race, creed, color, sex, age, political affiliation or belief, religion, sexual orientation, national origin, handicap or disability in acceptance for or provisions of programs, benefits, or services/activities.



What is your current housing situation, rental costs, and how long can you remain in your current residence?

Do you have a driver's license? Yes No Describe your driving record? _____

Cars must be operable & insured in order to participate in the program. Do you have a car? Yes No
If yes, what is the make, model, year, payments, cost for insurance, etc.: _____

Do you have family members and/or close friends in this area? Yes No

Can you stay with them? Yes No If no, please explain. _____

Do you have any pets? Yes No If yes, what pets do you have? _____

If yes, pets are not permitted in the program unless as a service animal, are you willing to leave the pet with someone in order to enter the Housing Program? Yes No

Are you receiving any other rental assistance now? Yes No If yes, what help are you getting?

Does anyone else pay any or all of your bills? Yes No If yes, explain: _____

Are you a student? Yes No If yes, please describe where you attend, class schedule, and expenses.

Do you have medical insurance coverage for your family? Yes No

Do any members of your family have medical problems or special needs? Yes No Please explain: _____

Have any children of your family had school issues (suspension, expulsion)? Yes No If yes, please explain: _____

Have you had counseling in the past or are you currently in counseling? Yes No

Is there any history of drug abuse or alcoholism in your family? Yes No

Are you or anyone in your family taking marijuana, cocaine, heroine, LSD, met amphetamines, etc.? Yes No

Are you willing to take a drug test if deemed necessary? Yes No

Has any incidents of physical violence been directed towards your family members or property? Yes No

Has any adult in your household ever been arrested? Yes No If yes, please explain: _____

Please indicate if you have any pending legal issues (i.e. warrants, pending lawsuits, restraining orders, etc.):

If you have you ever been convicted of a felony or misdemeanor please provide the date of occurrence and a statement of what occurred to resolve the situation. _____



Does any member of your family suffer from a mental illness? Yes No If yes, please explain:

Has any adult in your household ever been a victim of domestic violence? Yes No If yes, please explain:

Are you willing to participate in a heavily monitored program that will assist you to grow toward self-sufficiency, including group and individual counseling sessions? Yes No

Have you ever filed for bankruptcy? Yes No. If yes, please indicate the date you filed for bankruptcy and the circumstances of the bankruptcy: _____

Do you have a storage unit? Yes No If yes, what are your monthly payments? _____

Are you current with your state and federal taxes? Yes No If not, how much do you owe? \$ _____

Did someone refer you to this Program? Yes No If yes, Please provide their name: _____

Please describe your current income and how it affects your housing situation: _____

If you are selected to receive rental assistance, describe how you plan to change your situation to become self-sufficient when the rental assistance stops at the end of the three year program. _____

Please provide any additional information that makes your situation unique:

