



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

The San Juan Capistrano Housing Authority'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	2023 MAXIMUM ANNUAL <u>GROSS</u> INCOME*
1	\$80,400
2	\$91,850
3	\$103,350
4	\$114,800
5	\$124,000
6	\$133,200

\*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 Authority 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 Authority 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 Authority chooses. **If you withhold, falsify, or willfully misrepresent any information, the Authority reserves the right to refuse assistance through the Little Hollywood Rental Subsidy programs. Receipt of this interest form by the Authority does not mean you have been approved for rental assistance. If you have questions contact Housing at 949-443-6313.**

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

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

Please Email Form to:  
 Lstokes@sanjuancapistrano.org

Drop Off Application at:  
 Planning Counter  
 30448 Rancho Viejo Rd. Suite 110  
 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

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
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:

---

---

---

---

---

---

---

---

