

2012-2013 RED LOW-INCOME WAITING LIST APPLICATION

This application is for the Inclusionary Housing **Low-Income Waiting List only.**

Income Requirements for Low-Income Households:

1 person household	earning below \$44,951
2 person household	earning below \$48,547
3 person household	earning below \$52,143
4 person household	earning below \$55,739
5 person household	earning below \$59,336

Inclusionary Unit Monthly Rents:

STUDIO	\$593
1 BR	\$676
2 BR	\$990

SECTION 1: APPLICANT INFORMATION

Name of applicant: _____

Present address: _____

Phone numbers: (_____) _____ *street* (_____) _____ *city* (_____) _____ *zip*
 _____ *home* _____ *work* _____ *cellular*

If applicable, please provide

English-speaking person's name and Tel #: _____

Name of manager: _____ Manager's phone: (_____) _____

Current Rent: \$ _____ + Average Utility Cost: \$ _____ = Rent & Utility: \$ _____

SECTION 2: INCOME

Please check all sources of income and list **total amount** received **ANNUALLY** for everyone in the household. **Please sum the total at the bottom:**

- \$ _____ Wages, salaries, overtime pay, commissions, fees, tips, bonuses and/or other compensation per month
- \$ _____ Unemployment insurance per month
- \$ _____ Supplemental Security Income (SSI) or state supplementary payments, per month
- \$ _____ Social Security Disability Income (SSDI) per month
- \$ _____ Veteran's administration, GI bill, national guard and/or military benefits per month
- \$ _____ Workers compensation per month
- \$ _____ Public assistance income (CalWorks, TANF, general relief, etc) per month
- \$ _____ Child support, alimony and/or spousal support received per month
- \$ _____ Payments from trusts, annuities, inheritance per month
- \$ _____ Payments from pension funds per month
- \$ _____ Income from real or personal property per month
- \$ _____ Income from stocks, bonds annuities, other investment instruments per month
- \$ _____ Other sources of income. Explain: _____

_____ **TOTAL ANNUAL HOUSEHOLD INCOME (sum of the amounts above)**

SECTION 3: REAL PROPERTY, OTHER ASSETS AND DEFERRED INCOME

Does anyone in household own property or an interest in property anywhere in the United States? Yes No

Does anyone in the household contribute to a 457, 401K, Roth or other pension plan annually? Yes No

If yes, how much is the contribution annually? _____

Do you own an automobile? Yes No

If yes, Make _____ Model _____ Year _____ Estimated value _____

Do you own other assets (including cash & securities) over \$50,000 in fair market value **in total**? Yes No

If yes, describe and itemize the value _____

SECTION 4: EMPLOYMENT

Please provide the following employment information for **all** proposed occupants. You may attach additional sheets if necessary: *(Note: The total of all salaries listed below should equal the amount listed under section 2 for wages, salaries, etc)*

Name: _____

Employer: _____

Business Address: _____

Supervisor: _____ *street* _____ *city* _____ *zip* _____ Title: _____ Phone: (____) _____

Length of employment: _____ *year(s)* _____ *month(s)* Salary: \$ _____ *per year*
Employment information continued *(Add additional sheets, if needed)*

Name: _____

Employer: _____

Business Address: _____

Supervisor: _____ *street* _____ *city* _____ *zip* _____ Title: _____ Phone: (____) _____

Length of employment: _____ *year(s)* _____ *month(s)* Salary: \$ _____ *per year*

SECTION 5: HOUSEHOLD INFORMATION

Proposed Occupants *(List all persons to live in the unit)*

	<i>Name</i>	<i>Social Security #</i>	<i>Birth date</i>	<i>Relation</i>
1.	_____	____ - ____ - ____	____/____/____	<u>Yourself</u>
2.	_____	____ - ____ - ____	____/____/____	_____
3.	_____	____ - ____ - ____	____/____/____	_____
4.	_____	____ - ____ - ____	____/____/____	_____
5.	_____	____ - ____ - ____	____/____/____	_____

Number of occupants in your **current** household? _____

Number of bedrooms in **current** residence? _____

Do you have a Section 8 Voucher or Certificate? Yes No

If yes, Voucher or Certificate number: _____ Date Issued: _____

Is the head or co-head of your household a senior citizen (over 62 years) Yes No

Are you a Full-Time Student? Yes No

Is anyone in the household recognized by the state as disabled? Yes No

Is anyone in the household a veteran? Yes No

Number of bedrooms requested? *(You may check more than one but there must be a minimum of one person per bedroom in your household.)* Single 1 Bedroom 2 Bedroom

Under penalties of perjury, I certify that the information presented on this forms is true and accurate to the best of my/our knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information will result in the denial of application or termination of the lease agreement

Signature: _____ Date: _____

Mail completed application to:

City of West Hollywood, Housing Division
PO Box 69388
West Hollywood, CA 90069

**Due by
July 31, 2013**