

PRE-APPLICATION FOR JARDINES DEL MONTE-SALINAS

Instructions: Please read carefully. Incomplete applications will not be processed.

1) To be qualified for admissions to Jardines Del Monte an applicant must:

- a) Be a family as defined in PHA's Admission and Continued Occupancy plan for Jardines Del Monte;
- b) Meet the HUD requirements on citizenship or immigration status;
- c) Have annual income at the time of admission that does not exceed the income limits established by HUD that are posted in PHA offices;
- d) Provide documentation of Social Security numbers for all family members, provide SSN within 90 days for those under 6 years;
- e) Pay any money owed to PHA or any other housing authority;
- f) Not have had a lease terminated by PHA in the past 5 years;
- g) Be able and willing to comply with the Housing Authority lease; and
- h) Not have any members engaged in any criminal activity that threatens the life, health safety, or right to peaceful enjoyment of the premises by other residents, and not have any family members engaged in any drug-related criminal activity;
- i) PHA will conduct a criminal record check on all applicants age 18 years and older.

2) Mail or deliver completed pre-applications to: **Del Monte Manor (Main Office) @ 1415 Del Monte, Salinas, CA 93905.**

3) Completed applications will be entered on the waiting list in the order received. The waiting list will then be processed in order according to unit type and size and admission preferences.

- **Family Child Care-** *Families who are or will be providing family childcare in their housing units.*
- **Section 8 Voucher Holder-** *Families who have been issued or a current participants in the Section 8 Housing Choice Voucher program..*
- **Veterans or surviving spouses of veterans-** *Provide a copy of DD214 certifying an honorable discharge.*
- **Residency-** Applicants who either live, work or have been hired to work in the jurisdiction of the HA

You will be notified in writing that your application has been accepted within 60 days.



- 4) Each applicant who meets the above qualifications will be invited to an eligibility interview. It is important that you bring all the required documents to the interview. At the interview, staff will discuss your housing needs and options, go over your application and collect the information needed to determine final housing eligibility, resident suitability and total household income. You will be asked to provide detailed information on all members of your household, verify citizenship status, report current income and expenses information, and provide information about where all adult household members have lived for the past three years. If you do not come to the Public Housing orientation you will be removed from the all public housing waiting lists. **You will not be offered housing until you complete a housing interview and the Housing Authority determines you meet the eligibility criteria.**
- 5) Apartment units are offered at affordable rents to eligible families. These units are owned by the Housing Authority. There are 11 units in this program. Income and rent are reviewed annually.

Income Limits effective as of December 1, 2011

NUMBER OF PERSONS IN FAMILY	1	2	3	4	5	6	7	8
Very Low Income (50% Median Income) as of 12/01/11	24,250	27,700	31,150	34,600	37,400	40,150	42,950	45,700
Low Income (80% Median Income) as of 12/01/11	38,750	44,300	49,850	55,350	59,800	64,250	68,650	73,100

It is the policy of the HACM to provide reasonable accommodation to those persons with disabilities so that they can participate equally in its housing programs. To request a reasonable accommodation, you may contact the Section 504 Coordinator, Jean Goebel, in writing at the Central Office located at 123 Rico Street, Salinas, CA 93907 or by telephone at (831) 775-5022 or by TDD at (831) 754-2951.

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National toll-free phone number for filing a complaint at 1-800-347-3739.

JARDINES DEL MONTE - SALINAS

	<p>Jardines Del Monte 1253 Del Monte Ave. Salinas, CA 93905 11 units (3 bedroom)</p>
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Please deliver or mail to:

Del Monte Manor-Jardines del Monte (Office)
 1415 Del Monte, Salinas, CA 93905
 (831) 759-2652 TDD (831) 754-2951
 Fax (831) 759-8686



TO BE COMPLETED BY MANAGER
 Application #: _____

**Pre-application for
 JARDINES DEL MONTE-SALINAS**

Please print clearly and legibly.

Name of household: _____

First Name	Middle Name	Last Name

Mailing Address _____ **City** _____ **State** _____ **Zip Code** _____

Permanent Address if different from above _____

How long at present address? _____ Monthly Rent \$ _____ Estimated Utilities \$ _____

Phone: HOME _____ WORK _____ MESSAGE _____

BEGINNING WITH YOURSELF, list all persons who will live in your household. All information must be given for each person. List all money earned or received by **ALL** members living in your household including yourself. This includes money from wages, pensions, Social Security, SSI, Child Support, TANF/Cal-Works, contributions, employment, unemployment, etc.)

Last Name	First Name	Sex M/F	Date of Birth	Relationship To Head of Household	Social Security Number	Monthly Income	Source of Income
1.				Head			
2.							
3.							
4.							

(Use back of form if additional space needed.)

Are you a veteran? Yes No Family of a veteran or serviceman? Yes No
 Relationship to Veteran: _____ (Provide a copy of DD Form 214)

For Accommodation Purposes-Do you claim the following:
 Mobility Impairment Hearing Impairment Sight Impairment

Do you or a member of the household claim status as a person with a disability?
 Yes No If yes, who? _____

Do you or any member of your household need special features in a rental unit (for example wheelchair access)? Yes No
 If yes, what features do you need? _____

Race/Ethnicity: This information is confidential and is only used for government reporting purposes to monitor compliance with equal opportunity laws. Your voluntary cooperation in providing the information is appreciated, and will not affect your place on the waiting list.

White Black/African American Black/African American and White Asian Asian and White
 American Indian or Alaska Native American Indian/Alaska Native and Black/African American
 American Indian or Alaska Native and White Native Hawaiian or Other Pacific Islander Other: _____

Hispanic/Latino Ethnicity
 Yes No Yes, Mexican/Chicano Yes, Cuban Yes, Puerto Rican
 Yes, Other Hispanic/Latino: _____

- | | |
|---|---|
| 1. Have you ever violated a previous family obligation with a HUD Program? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Have you ever lived in Public Housing or Section 8 Housing in any City? | <input type="checkbox"/> Yes <input type="checkbox"/> No Where? _____ |
| 3. Have you ever engaged in use/possession of drugs or violent criminal activity? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Do you owe any money to a Public Housing Authority? | <input type="checkbox"/> Yes <input type="checkbox"/> No Where? _____ |
| 5. Is any household member subject to a lifetime registration requirement under a State sex offender program? | <input type="checkbox"/> Yes <input type="checkbox"/> No Where? _____
Who? _____ |



Landlord References. Please complete the following information for all locations you have lived in for the past three (3) years.

Current Address Information

Current street address, city, State, Zip: _____
 Lived there from: _____ to _____
 # of bedrooms: _____ Rent \$ _____
 Reason for moving: _____
 Current Landlord's name and phone #: _____

Previous Landlord Information

Street address, City, State, Zip Code: _____
 Lived there from: _____ to _____
 # of bedrooms: _____ Rent \$ _____
 Reason for moving: _____
 Previous Landlord's name and phone #: _____

Street address, City, State, Zip Code: _____
 Lived there from: _____ to _____
 # of bedrooms: _____ Rent \$ _____
 Reason for moving: _____
 Previous Landlord's name and phone #: _____

PHA will be contacting all former landlords for the period three years (3) from the date of application.

WARNING: Title 18 U.S.C. 1001 provides in part that whoever knowingly and willfully makes or uses any document containing any false, fictitious or fraudulent statement or entry in any matter in jurisdiction or any department or agency of the United States shall be fined not more than \$10,000 or imprisoned for not more than five (5) years, or both.

PLEASE NOTE: You are required to notify the Housing Authority (*in writing*) of any change of address. If we cannot contact you at the listed address, your name will be removed from the waiting list.

I certify that the information given is accurate and complete and understand any misrepresentation will disqualify the application. I authorize the owner to obtain a credit report(s) verify or check any of the information given including credit references, employment, and income and contact any previous landlords. By signing this form, I certify the information to be true and correct. **Applications cannot be processed without signature.**

 Signature of the Head of household Date Co-Applicant's Signature Date

Use this space to list additional family members that will live in your household.

Last Name	First Name	Sex M/F	Date of Birth	Relationship To Head of Household	Social Security Number	Monthly Income	Source of Income
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							