

GEORGE MCDONALD COURT
1800 EAST 92ND STREET
LOS ANGELES, CA 90002
PHONE (323) 566-8608
FAX (323) 563-2173
TDD/TTY/Relay Service 711

Office Use Only
Date Received: _____
Time Received: _____
Wait List No.: _____

APPLICATION FOR RESIDENCY

PLEASE PRINT CLEARLY AND COMPLETE ALL INFORMATION

List the Head of Household and all other members who will be living in the unit and provide social security numbers for all household members.

| Member No. | Last Name | First Name | M/I | Relationship to Head | Birth Date | Age | Sex | Soc. Sec. No. |
|-------------|-----------|------------|-----|----------------------|------------|-----|-----|---------------|
| Head | | | | Self | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |

Are you or any members of your household disabled? Yes [] No []

Are you or any members of your household a person with a disability that requires the amenities of an accessible unit?

Yes [] No []

Current Address: _____
Street City State Zip Code Area Code & Phone #

Landlord's Name Area Code and Phone # Rent Amount Length of Stay

If you have lived at your current address less than five years, please provide the name, address and phone number of all former landlords for the past five years:

| Name of Landlord | Address | Phone | Dates you lived there From To |
|------------------|---------|-------|----------------------------------|
| | | | |
| | | | |
| | | | |

- Has any member of the household ever been evicted from another federally assisted site for drug related criminal activity within the past three years? Yes [] No []
- Does any member of the household use illegal drugs or abuse alcohol? Yes [] No []
- Have any members of the household been convicted and or adjudicated of a misdemeanor or felony? Yes [] No []
- Are you or any members of your household subject to a lifetime sex offender registration in any state? Yes [] No []
- List every state you have ever resided in: _____

INCOME

| Monthly Income | Monthly Income Head of Household | Monthly Income Member #2 | Monthly Income Member #3 |
|--------------------|----------------------------------|--------------------------|--------------------------|
| Social Security | | | |
| SSI/Disability | | | |
| Pension/Annuity | | | |
| Employment/Salary | | | |
| General Relief | | | |
| Interest/Dividends | | | |
| Family Assistance | | | |
| Other _____ | | | |
| TOTAL: | | | |

Please complete other side

ASSETS

| Assets Owned | Current Value | Annual Income Received | Owned by Whom | Comments |
|-------------------------|---------------|------------------------|---------------|----------|
| Checking | | | | |
| Savings/Money Market/CD | | | | |
| Home/Real Estate | | | | |
| Business | | | | |
| Cash held | | | | |
| Assets given away | | | | |
| Life Insurance Accounts | | | | |
| IRA/401K/KEOGH | | | | |
| Other _____ | | | | |
| TOTAL | | | | |

HUD requires us to report the race and ethnicity of the Head of Household for all applicants. We request your cooperation in completing the following questions. **This response is optional and your entry will have no bearing on your eligibility for housing.**

Race of Head of Household: White Black or African American Asian
 American Indian or Alaska Native
 Native Hawaiian or Other Pacific Islander
 Other _____

Ethnicity of Head of Household: Hispanic or Latino Non-Hispanic or Latino

Applicant(s) represents that all information on this application is true and accurate and understands that the owner/management will rely upon said information and make independent investigations to determine the applicant's credit, financial and character standing. **In addition, we conduct criminal background checks as required by the Housing and Urban Development Department (HUD). Pursuant to the HUD guidelines, we will not admit an applicant who has been evicted from another federally assisted site for drug related criminal activity within the past three years, who uses illegal drugs or abuses alcohol, and/or who is classified as a sex offender.**

The applicant(s) hereby releases the owner/management, his/her employees and agents, and any firm or person supplying them with the information from any liability whatsoever concerning the release or use of this information and will hold them harmless from any suit or reprisal whatsoever. All holders of any such information are hereby authorized to release any and all such information they may have concerning the applicant(s).

Signature of Head of Household

Date

Signature of Co-Applicant

Date

Signature of Co-Applicant

Date

PLEASE CHECK THE APPROPRIATE BOX:

How did you hear about this facility: Newspaper Ad Church/Agency Referral/Friend Telephone
 Inquiry Internet HumanGood.org

For Office Only

Signature of Housing Administrator

Date

THE FILING OF THIS APPLICATION IN NO WAY GUARANTEES YOU AN APARTMENT. A FINAL DETERMINATION OF ELIGIBILITY WILL NOT BE MADE UNTIL INFORMATION IS VERIFIED. INCOMPLETE OR UNSIGNED APPLICATIONS WILL BE RETURNED AND NOT ACCEPTED.

EQUAL HOUSING OPPORTUNITY: George McDonald Court does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in its federally assisted programs and activities. Our Fair Housing Coordinator is designated to ensure compliance with the nondiscrimination requirements contained in Section 504 of the HUD Regulations and can be contacted at 516 Burchett Street, Glendale, CA 91203, Telephone (818) 247-0420 TDD: 711.

