## HOLLISTER APARTMENTS RENTAL APPLICATION

#### **INTRODUCTION**

The Hollister Apartments (located at 115 W. Anapamu St., Santa Barbara, CA) provide a supported housing program for low-income persons with mental disabilities. All units are studio apartments. All units are eligible for rent subsidies through the Housing Authority of the City of Santa Barbara Project Based Section 8 Program.

All tenants must be low income and mentally disabled.

All utilities including basic cable are provided and included in the rent amount.

#### Project Based Section 8

Tenants in the Hollister building are able to obtain rental subsidies through the Housing Authority of the City of Santa Barbara under the Project Based Section 8 program, (PBA8). Under the PBA8 program, tenants are eligible for Section 8 rent subsidies. However, tenants do not hold a Housing Assistance Voucher personally. Rather, the vouchers are held by the Hollister building as a "Project" and designated as Project Based Section 8 vouchers.

The Housing Authority will evaluate the applicant's income and determine a rent subsidy amount. Essentially, tenant portion of rent will equate to roughly 30% of their income with the balance of rent being paid from the subsidy.

#### 1. COMPLETION AND SUBMISSION OF APPLICATION

Submit Application to:

Hollister Property Management c/o Sanctuary Centers of Santa Barbara Inc. P. O. Box 551 Santa Barbara, CA 93102

The attached application must be completed in its entirety. All questions must be answered and all requested or supporting documents must be included. If you think that the question does not apply, indicate so by marking "N/A" in the space provided for an answer. Applications will be processed in the order they are received, <u>after</u> it is determined that the application is complete. Incomplete applications will be mailed a Notice of Incomplete Application which will itemize all items needed to complete the application. If applications are not completed within 30 days of the Notice of Incomplete Application, they are considered withdrawn.

Once the application is deemed complete, the applicant will be assigned a priority number on the waiting list for an apartment. We will attempt to contact applicants by mail, or email when we know that an apartment will be available and they are next on the waiting list. However, it is the applicant's responsibility to maintain contact with us and insure that we have correct and current contact information.

Applicants should note that there are strict behavioral expectations in our Supported Housing Program. All applicants must be drug and alcohol free and be under the care of a Psychiatrist. As a condition for completion of a rental application, all applicants must be interviewed by Sanctuary Centers Clinical Director and be considered to be capable of performing in accordance with the behavioral requirements of our Supported Housing Program.

#### 2. HOW MANY APARTMENT UNITS ARE AVAILABLE?

There are 8 studio apartments available for rent at the Hollister building.

#### 3. WHO IS ELIGIBLE TO RENT AN APARTMENT?

Any person with a mental disability who also qualifies as a "low-income person" is eligible to rent these studio apartments. A Verification of Disability Form, signed by a licensed Psychiatrist is required as part of any application for tenancy.

A "low-income person" is someone whose annual gross income does not exceed eighty (50%) percent of the County's median income figure for a one-person household, as established and periodically revised by the U.S. Department of Housing and Urban Development (HUD) for Public Housing and Section 8 Rental Assistance Programs.

All eligible applicants will be assessed to determine any specific supportive service needs that they may require in order to maintain stability in an independent living environment. These needs will be delineated in a written Service Plan that is incorporated into the Rental Agreement and revised every six (6) months.

# HOLLISTER APARTMENTS APPLICATION TO RENT

Name	Social	Security No	
First Middle	Last		
Driver's License or I.D. #			
Date of Birth (MM/DD/YYYY)//	/ Gender	Race	
PRIOR RESID	ENCES / LIVING S	ITUATION	
	CURRENT ADDRESS		
Street Address and Apartment Number	City	Zip	
From (MM/DD/YY) To (MM/DD/YY)	Landlord/Manager Name		
	PREVIOUS ADDRESS		
Street Address and Apartment Number	City	Zip	
From (MM/DD/YY) To (MM/DD/YY)	Landlord/Manager Name	Phone	
Reason for Leaving			
NE	XT PREVIOUS ADDRESS		
Street Address and Apartment Number	City	Zip	
From (MM/DD/YY) To (MM/DD/YY)	Landlord/Manager Name	Phone	
Reason for Leaving			
EMP	LOYMENT HISTOI	RY	
CU	RRENT EMPLOYMENT		
From (MM/DD/YY) To (MM/DD/YY)	Employer Name		
Street Address	City	Zip	
Occupation/Job Title	Name and Title of S		
☐ Full-Time or ☐ Part-Time # of hou		_	hr/wk/mo
PR	EVIOUS EMPLOYMENT		
		(	
From (MM/DD/YY) To (MM/DD/YY)	Employer Name	Phone	
Street Address	City	Zip	
Occupation/Job Title	Name and Title of S	Supervisor	
☐ Full-Time or ☐ Part-Time # of hou	urs/week Salary or	Hourly Wage \$	hr/wk/mo

	NAME OF BANK	BANK ADDRESS	ACCOUNT
Checking:			
Savings:			
Please include last	6 months of statements		
	PERSONAL	L PROPERTY	
Do you own furnitu	ıre? □ Yes □ No		
Own a car? □ Yes	□ No If Yes, provide:		
		,	ense #
List and describe any		R ASSETS	anda ata
Asset type	other assets such as real property <b>Description</b>	y, personai property, stocks, b	onds, etc.
	FINANCIAL (	OBLIGATIONS	
	THANOME	ODLIGITION (5	
	A 11.	Account #	Amount/Period
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1. Are you living	_	Pres No  or human habitation? (i.e.the  If yes, please describe:	street, parks, sidewalks or
2. Are you sleep	oing in an emergency sh	elter or living in transitional h	nousing for the homeless after
•		in (# 1 or 2 above) and now s ays? □ Yes □ No If yes, plea	taying in a hospital or other use describe:
than 30 conso domestic viol lack the reson	ecutive days; or being evelence situation and in allurces and support netwo	•	rivate dwelling; or fleeing a ace has been identified and you ?  Yes  No If yes, please
	INCO	ME INFORMATION	
\$ \$ Total Mo	nthly Income: \$	of Income  enefits i.e. SSI, SSD, SSA, etc	
	PERSC	NAL REFERENCES	3
1. Name		Address (Street, City, State, Zip)	
() Phone	Relationship	Length of Acquaintance	Occupation
2 Name		Address (Street, City, State, Zip)	
() Phone	Relationship	Length of Acquaintance	Occupation

If yes, for each conviction attach a separate sheet with all information about dates, locations, courts

of conviction, case numbers, offenses, sentences or other dispositions. If you are on probation please include the name and contact information of your probation officer.

#### ATTACH COPIES OF ALL OF THE FOLLOWING TO THIS APPLICATION

- 1. Vehicle registrations, picture identification (California Drivers License or I.D.)
- 2. Social Security Cards and Birth Certificates for <u>all</u> family members who apply.
- 3. Copies of most recent federal and State income tax returns and W-2's for <u>all</u> family members who apply.
- 4. 2 most recent wage statements (i.e. pay stub) if employed.
- Most recent Social Security benefits statement or signed verification of disability form if not receiving benefits.
- Last 6 months of checking and savings account statements.
- 7. Savings passbook(s) for <u>all</u> family members who apply.
- 8. Stocks/bonds, most recent statement with I.D. numbers and address.
- 9. Health/Life insurance policy number(s), with name and address.
- 10. Any ongoing prescription costs not reimbursed by insurance.
- 11. Annuity/pension statements with I.D. numbers and address.
- 12. Written verification of all, prior living situations during the last 6 months (if you are at risk of homelessness).
- 13. Completed Housing Authority of the City of Santa Barbara application titled, "Applicant/Tenant Certification of Program Obligations"

### **ATTESTATION**

I DECLARE UNDER PENALTY OF I	PERJURY OF THE LAWS OF THE STATE OF
CALIFORNIA THAT THE INFORMAT	TION CONTAINED HEREIN IS TRUE AND
CORRECT, DATED, S	SANTA BARBARA, CALIFORNIA.
SIGNATURE	NAME (PRINT)
SIGNATURE	INMINE (I MIINI)