

Arlington Property Management
1136 De La Vina Street Ste. 221
Santa Barbara, CA 93101

RENTAL APPLICATION INSTRUCTIONS FOR ARLINGTON APARTMENTS

125 W. ANAPAMU ST. SANTA BARBARA, CA 93101

INTRODUCTION

The Arlington Apartments provide a supported housing program for low-income persons with mental disabilities. All units are studio apartments. There are two categories of tenants eligible for new tenancy in the building, as follows:

1. Section 8 Voucher holders
2. Private tenants

All tenants must be low income and mentally disabled.

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

Section 8 Voucher holders

If an applicant holds a Section 8 Housing Voucher and has a DSM diagnosed mental illness, they are eligible to apply for tenancy at the Arlington Apartments. As the holder of a Section 8 Voucher, essentially, tenant portion of rent will equate to roughly 30% of their income with the balance of rent being paid from their housing subsidy which is administered by the Housing Authority of the City of Santa Barbara.

Private Tenants

Private tenants may apply for tenancy at the Arlington after graduation from our in-patient treatment program.

1. COMPLETION AND SUBMISSION OF APPLICATION

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, after 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 If applications are not completed within 30 days of the Notice of Incomplete Application, they are considered withdrawn.**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 twenty-seven studio apartments available for rent.

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.

ARLINGTON APARTMENTS APPLICATION TO RENT

Name _____ Social Security No. _____ - _____ - _____
First Middle Last

Driver's License or I.D. # _____ Phone # (____) _____

Date of Birth (MM/DD/YYYY) ____/____/____ Gender _____ Race _____

PRIOR RESIDENCES / LIVING SITUATION

CURRENT ADDRESS

Street Address and Apartment Number _____ City _____ Zip _____
_____/_____/_____ _____/_____/_____ (_____) _____
From (MM/DD/YY) To (MM/DD/YY) Landlord/Manager Name Phone

PREVIOUS ADDRESS

Street Address and Apartment Number _____ City _____ Zip _____
_____/_____/_____ _____/_____/_____ (_____) _____
From (MM/DD/YY) To (MM/DD/YY) Landlord/Manager Name Phone

Reason for Leaving _____

NEXT PREVIOUS ADDRESS

Street Address and Apartment Number _____ City _____ Zip _____
_____/_____/_____ _____/_____/_____ (_____) _____
From (MM/DD/YY) To (MM/DD/YY) Landlord/Manager Name Phone

Reason for Leaving _____

EMPLOYMENT HISTORY

CURRENT EMPLOYMENT

_____/_____/_____ _____/_____/_____ _____ (_____) _____
From (MM/DD/YY) To (MM/DD/YY) Employer Name Phone

Street Address _____ City _____ Zip _____

Occupation/Job Title _____ Name and Title of Supervisor _____

Full-Time or Part-Time # of hours/week _____ Salary or Hourly Wage \$ _____ hr/wk/mo

PREVIOUS EMPLOYMENT

_____/_____/_____ _____/_____/_____ _____ (_____) _____
From (MM/DD/YY) To (MM/DD/YY) Employer Name Phone

Street Address _____ City _____ Zip _____

Occupation/Job Title _____ Name and Title of Supervisor _____

Full-Time or Part-Time # of hours/week _____ Salary or Hourly Wage \$ _____ hr/wk/mo

PERSONAL FINANCES

NAME OF BANK BANK ADDRESS ACCOUNT

Checking: _____

Savings: _____

Please include last 6 months of statements

PERSONAL PROPERTY

Do you own furniture? Yes No

Own a car? Yes No If Yes, provide: Make/Model/Year License #

OTHER ASSETS

List and describe any other assets such as real property, personal property, stocks, bonds, etc.

Table with 2 columns: Asset type, Description

FINANCIAL OBLIGATIONS

Table with 4 columns: Payment to, Address, Account #, Amount/Period

ELIGIBILITY INFORMATION

Do you have a diagnosed mental illness? Yes No If yes, describe: (DSM-5 diagnosis and Medications):

Psychiatrist's name, address, and telephone number:

Are you a Santa Barbara County Alcohol, Drug and Mental Health Services client? No Yes

Who is your case manager? Name Phone #

Date of Last Physical Examination: Are you being treated for any medical condition or illness? Yes No If yes, please describe:

Medical doctor's name, address and telephone number:

Will you sign an authorization for release of information concerning your disability? Yes No

Are you a veteran or a spouse of a Veteran? Yes No

Do you smoke? Yes No

Are you currently receiving any housing assistance or rental subsidy? Yes No

Do you have any pets? Yes No

Have you ever: been evicted? Yes No If yes, please explain:

Are you a registered sex offender or subject to a lifetime registration requirement? Yes No

ARE YOU CURRENTLY HOMELESS? Yes No

1. Are you living in a place not meant for human habitation? (i.e.the street, parks, sidewalks or abandoned buildings)? Yes No If yes, please describe: _____

2. Are you sleeping in an emergency shelter or living in transitional housing for the homeless after living on the streets or an emergency shelter? Yes No If yes, please describe: _____

3. Are you residing in any of the places in (# 1 or 2 above) and now staying in a hospital or other institution for up to 30 consecutive days? Yes No If yes, please describe: _____

4. Are you being discharged within a week from an institution that you have resided in for more than 30 consecutive days; or being evicted within a week from a private dwelling; or fleeing a domestic violence situation and in all cases no subsequent residence has been identified and you lack the resources and support networks needed to obtain housing? Yes No If yes, please describe: _____

INCOME INFORMATION

Monthly Income

Source of Income

\$ _____

\$ _____

\$ _____

Total Monthly Income: \$ _____

Please indicate all types of Social Security benefits i.e. SSI, SSD, SSA, etc. _____

PERSONAL REFERENCES

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

ADDITIONAL INFORMATION

Have you ever been convicted of a crime other than an infraction? Yes No

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 **all** family members who apply.
3. Copies of most recent federal and State income tax returns and W-2's for **all** family members who apply.
4. 2 most recent wage statements (i.e. pay stub) if employed.
5. Most recent Social Security benefits statement or signed verification of disability form if not receiving benefits.
6. Last 6 months of checking and savings account statements.
7. Savings passbook(s) for **all** 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).

ATTESTATION

I DECLARE UNDER PENALTY OF PERJURY OF THE LAWS OF THE STATE OF CALIFORNIA THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT, DATED _____, SANTA BARBARA, CALIFORNIA.

SIGNATURE

NAME (PRINT)