



Rental Application Cover Page

Dear Applicant,

MOMENTUM offers affordable housing units located in Los Angeles, Ventura, and Santa Barbara counties. MOMENTUM operates under the Department of Housing and Urban Development (HUD) Section 202/8 Supportive Housing for the developmentally disabled.

Our communities are governed by HUD regulations and accepts applicants who meet the following criteria: the head of household must be a disabled adult over the age of 18 and meet the income requirements. MOMENTUM has low-income housing facilities, providing one-bedroom and two-bedroom apartments where available. There is no entry fee. HUD requires that families participating in the Section 202/8 program pay 30% of their adjusted annual income towards their rent. Also, please note that meals and health services are not provided.

This housing is offered without regard to race, color, religion, sex, gender identity and expression, family status, national origin, marital status, ancestry, age, sexual orientation, disability, source of income, genetic information, arbitrary characteristics, or any other basis prohibited by law.

MOMENTUM has Fully Accessible Apartment Homes for People with Mobility Disabilities and People with Hearing/Vision Disabilities. Our housing facilities also have units with some accessible features, such as no steps. If you would like to apply for one of our facilities, please complete the attached Rental Application. For more information about the accessible features of these units, please contact: TTY (if available):

Property Management Contact Name: Anita Espinoza

Title: Program Support Specialist

Phone Number: (818) 782-2211

TTY: 711 California Relay

Email: aespinoza@momentum4all.org



Enclosed you will find the following documents: HUD form: Applying for HUD Housing Assistance, a verification of disability form, and a list of all our properties in the counties mention above. Please complete all of these documents in its entirety and mail to

Ruby Rosales, Occupancy Specialist, **6430 Independence Ave. Woodland Hills, CA. 91367**. Or by email at rrosales@momentum4all.org. Once received, your application will be processed for admission and/or placed on the waiting list or rejected based on the preliminary eligibility determination.

Admission to MOMENTUM is subject to final review of your application when you reach the top of the waiting list. You will also be contacted on an annual basis to determine if you are still interested in remaining on the waiting list. Please ensure we have your most up to date contact information.

MOMENTUM is an Equal Housing Opportunity community. Business is conducted in accordance with the Federal Fair Housing Law (The Fair Housing Amendments of 1988).

Sincerely,

Ruby Rosales
Occupancy Specialist



Property/Address: _____ **Date:** _____

Household Information: Complete the following information for each household member that will occupy the unit at time of move-in:

Name (Last, First, MI)	Relationship to the Head of Household	Social Security Number	Birth Date (mm, dd, yyyy)	Marital Status	Student (Y/N)

Current Address: _____
Primary Phone: () _____ **Alternate Phone:** () _____

Are you claiming a "Preference"? *Certain preferences are assigned to applicants in order to provide housing opportunities for households with special needs.*

Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking.
 Disabled.
 Other or Local Preference: _____

Is the Head of Household, Spouse or Co-Head disabled? Yes No

If yes, please complete medical information below.

Name of Doctor: _____
Address: _____
Telephone Number: _____

Type: 1 BR 2 BR Other _____

Do you or anyone in your household require an accessible unit? Yes No

If Yes, check which apply: Mobility Hearing/Visual Mobility and Hearing/Visual

Will you or anyone in your household require a live-in care attendant? Yes No

Name of Live-In Care Attendant: _____
Relationship (If any): _____

Housing References:

List the **past 3 years** of housing references. (If additional space is required, use the back of this page.)

	<u>Landlord's Name/Address</u>	<u>Your Address</u>	<u>Own/Rent</u>	<u>Dates</u>
1.	_____	_____	Own <input type="checkbox"/>	From: _____
	_____	_____	Rent <input type="checkbox"/>	To: _____
	Phone: (____) _____			
2.	_____	_____	Own <input type="checkbox"/>	From: _____
	_____	_____	Rent <input type="checkbox"/>	To: _____
	Phone: (____) _____			

Household Information (continued)

- Will anyone else live in the unit on either a full-time or part-time basis, such as children temporarily absent, children in a joint custody arrangement, children away at school, unborn children, children in the process of being adopted, or temporarily absent family members? **Yes** **No**
If YES, explain _____
- Do you expect the number of household members to change in the future? **Yes** **No**
If YES, explain how many members will be added or reduced, and when that change will take place.

- Have any of the household members used names or a social security number other than the names and numbers used above? **Yes** **No**
If YES, explain _____
- Are any or ALL members of the household full-time students? **Yes** **No**
If YES, explain _____
- Have you or any member of your household ever been convicted of, plead guilty to or been placed on probation for any crime? **Yes** **No**
If YES, provide the nature of the crime(s): _____
Date: _____ State: _____ City: _____
County: _____
Are any of the above convictions a felony? **Yes** **No** If YES, Please explain _____

Are you or any members of your household subject to a lifetime registration requirement under a state sex offender registration program? **Yes** **No** If YES, Please explain _____

Are there any criminal charges pending now? **Yes** **No** If YES, please explain _____

- Do you live in subsidized housing now or have you in the past? **Yes** **No**
If YES, where? _____ From _____ To _____
Were you evicted? _____ If YES, why? _____
- Have you or your spouse/co-applicant ever been evicted or otherwise involuntarily removed from rental housing due to fraud, non-payment of rent, failure to cooperate with recertification procedures, or for any other reason? **Yes** **No**
If YES, explain _____

- Have you ever filed or are you currently filing for bankruptcy? **Yes** **No**
If YES, give reason _____
Date of filing: _____



9. Have you ever lived at any other property managed by Momentum? Yes No

If YES, where? _____

10. Please list all states where you or any member of your household have resided. _____

11. How did you hear about us? _____

12. Do you know or are you related to any of our residents or staff? _____

Income Information:

Earned income is counted only for household members 18 or older and members who are legally emancipated. Unearned income such as a grant or benefit is counted for all household members, including minors.

Include all GROSS income (before taxes) each household member expects to earn in the next 12 months. (Check either YES or NO to each question.)

Do YOU or ANYONE in your household receive OR expect to receive income from:

1. Employment wages or salaries? Self-employment? Regular pay as a member of the Armed Forces? Yes No
(Include overtime, tips, bonuses, commission and payments received in cash.)

<u>Household Member</u>	<u>Name of Company</u> <i>(or note if self-employed)</i>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Unemployment benefits or worker's compensation? Yes No

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Public Assistance, General Relief or Temporary Aid to Needy Families (TANF)? Yes No

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. (a) Child Support or Spousal Support (alimony)? Yes No

(We must count court ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered, rather, received directly from the payer.)

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____



(b) How is the support received? (Check all that apply)

- Child Support Enforcement Agency
- Court of Law
- Directly from Individual
- Other

Name of Agency: _____
 Name of Court: _____
 Name of Person: _____

Explain: _____

(c) If money is not actually received, are you taking legal action to remedy? Yes No

Explanation: _____

5. Social Security, SSI or any other payments from the Social Security Administration? Yes No
Household Member SSA Office Amount

6. Regular payments from a pension, retirement benefit, annuities, or Veteran's benefits? Yes No
Household Member Source of Benefit Amount

7. Regular payments from a severance package? Yes No
Household Member Source of Benefit Amount

8. Regular payments from any type of settlement? (For example, insurance settlements) Yes No
Household Member Source of Benefit Amount

9. Disability, death benefits or life insurance dividends? Yes No
Household Member Source of Benefit Amount

10. Regular gifts or payments from anyone outside of the household? Yes No
 (This includes anyone supplementing your income or paying any of your bills.)

Household Member Source of Benefit Amount

11. Educational grants, scholarships, or other student benefits? Yes No
Household Member Source of Benefit Amount

12. Regular payments from lottery winnings or inheritances? Yes No
Household Member Source of Benefit Amount

13. Regular payments from rental property or other types of real estate transactions? Yes No
Household Member Source of Benefit Amount



14. Any other income sources or types not listed above? Yes No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

15. Do you or any other household member expect any change in income in the next 12 months? Yes No

If YES, explain: _____

Zero Income Verification:
 Are YOU or is ANY OTHER ADULT member of your household claiming zero income?
 Yes No If YES, who? _____

Asset Information:

Include all assets and the corresponding annual interest rate, dividends or any other income derived from the asset. An asset is defined as any lump sum amount that you hold in your name and currently have access to. Include the value of the asset and corresponding income from the asset in the space provided.

INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS.

Do YOU or ANYONE in your household hold:

1. Checking or savings account? Yes No

<u>Household Member</u>	<u>Bank or Financial Institution</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. CDs, money market accounts or treasury bills? Yes No

<u>Household Member</u>	<u>Bank or Financial Institution</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

3. Stocks, bonds or securities? Yes No

<u>Household Member</u>	<u>Source (Broker's Name)</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

4. Trust funds? Yes No

<u>Household Member</u>	<u>Bank or Financial Institution</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

Are any of the above listed trusts irrevocable? Yes No

5. Pensions, IRAs, 401Ks, 403Bs, KEOGH or other retirement accounts? Yes No

<u>Household Member</u>	<u>Location of Account</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

6. Cash on hand? Yes No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____



7. Surrender value of a whole life, universal life, or endowment insurance policy which is available to the policy holder before death? Yes No

<u>Household Member</u>	<u>Life Insurance Company</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

8. Real estate, rental property, land contract/contract for deeds or other real estates holdings? Yes No
(This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property)

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

9. Personal property as an investment? Yes No
(This includes paintings, coin or stamp collections, artwork collections or show cars and antiques. This does not include your personal belongings such as your car, furniture or clothing.)

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

10. Do you have a safe deposit box containing contents with a monetary value? Yes No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

11. Have you or any household member disposed of or given away any asset(s) for LESS than fair market value within the past 2 years? Yes No

<u>Household Member</u>	<u>Description of Asset Disposed</u>	<u>Amount</u>
_____	_____	_____

Explanation: _____

Do you or anyone listed above own a vehicle?

Vehicle Identification:

1.	License #:	_____	State Issued:	_____	Make/Model/Year:	_____
2.	License #:	_____	State Issued:	_____	Make/Model/Year:	_____

All questions that were answered YES on this application will be verified through the appropriate third-party source. It will be your responsibility to provide management with all necessary information to properly process your application and verify your eligibility. This will include names, addresses, phone and fax numbers, account numbers (where applicable), and any other information required to expedite this process.

Signature Clause:

I understand that management is relying on this information to prove my household’s eligibility for housing assisted under a program of the U.S. Department of Housing and Urban Development (HUD). I certify that all information and answers to the questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information and expedite this process in any way possible. I understand that my occupancy is contingent on meeting management’s resident selection criteria and the HUD Neighborhood Stabilization Program.

I understand that in compliance with the FAIR CREDIT REPORTING ACT the processing of this application includes but is not limited to making any inquiries deemed necessary to verify the accuracy of the information I provided, including procuring consumer reports from consumer credit reporting agencies and obtaining credit information from other credit institutions.

I hereby grant this property owner and MOMENTUM the right to process this application for the purpose of obtaining a Rental/Lease Agreement with this property. Additionally, I authorize all corporations, companies, law enforcement agencies, academic institutions, and current and former employers to release information they may have about me and release them from any liability and responsibility from doing so. A photographic or faxed copy of this authorization shall be as valid as the original.

All household members 18 and over must sign below:

Signature	Date
Signature	Date
Signature	Date

For Office Use Only	
Check here if Pre-Application is on file. <input type="checkbox"/>	Application Date: _____ Time: _____ Desired Move-In Date: _____ Application Received By: _____ As Agent for Owner

“This housing is offered without regard to race, color, religion, sex, gender, gender identity and expression, familial status, national origin, citizenship status, immigrant status, primary language, marital status, ancestry, age, sexual orientation, disability, source of income (including receipt of Section 8 and other similar vouchers), genetic information, military or veteran status, arbitrary characteristics, or any other basis currently or subsequently prohibited by law.”



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

**Verification of
Disability**

FOR USE WITH **SECTION 202/8, SECTION 202 PAC, SECTION 202 PRAC,
AND SECTION 811 PRAC**

DATE:

TO:

FROM: Ruby Rosales
Occupancy Specialist
MOMENTUM HUD Housing
6430 Independence Ave.
Woodland Hills, CA. 91367

RETURN THIS VERIFICATION TO THE PERSON LISTED ABOVE (or other instructions to the third party to ensure that the verification is returned to the right person. This is important because owners have a responsibility to treat this information confidentially.)

SUBJECT: Verification of Disability

NAME: _____
ADDRESS: _____

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD required the housing owner to verify all information that is used in determining this person's eligibility or level benefits.

We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help ensure timely processing of the application for assistance. Enclosed is a self-addressed, stamped envelope for this purpose. The applicant/tenant has consented to this release of information as shown above.

INFORMATION BEING REQUESTED

For each numbered item below, mark an "X" in the applicable box that accurately describes the person listed above.

Verification of Disability

1. ___ YES ___ NO Has a physical, mental, or emotional impairment that is expected to be of long-continued and indefinite duration, substantially impedes his or her ability to live independently, and is of a nature that such ability could be improved by more suitable housing conditions.

2. ___ YES ___ NO Is a person with a developmental disability, as defined in Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001 (8)), i.e. a person with a severe chronic disability that:

- a. Is attributable to a mental or physical impairment or combination of mental and physical impairments;
- b. Is manifested before the person attains age 22;
- c. Is likely to continue indefinitely;
- d. Results in substantial functional limitation in three or more of the following areas of major life activity;

- (1) Self-care,
- (2) Receptive and expressive language,
- (3) Learning,
- (4) Mobility,
- (5) Self-direction,
- (6) Capacity for independent living, and
- (7) Economic self-sufficiency; and

e. Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.

3. ___ YES ___ NO Is a person with a chronic mental illness, i.e., he or she has a severe and persistent mental or emotional impairment that seriously limits his or her ability to live independently, and whose impairment could be improved by more suitable housing conditions.

4. ___ YES ___ NO Is a person whose sole impairment is alcoholism or drug addiction.

Verification of Disability

NAME AND TITLE OF PERSON
SUPPLYING THE INFORMATION

FIRM/ORGANIZATION

SIGNATURE

DATE

Public reporting burden for this collection to average 12 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and is voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a current valid OMB control number. Owners/management agents must obtain third party verification that a disabled individual meets the definition for persons with disabilities for the program governing the housing where the individual is applying to live. The definitions for persons with disabilities for programs covered under the United States Housing Act of 1937 are in 24 CFR 403 and for the Section 202 and Section 811 Supportive Housing for the Elderly and Persons with Disabilities in 24 CFR 891-305 and 891-505. No assurance of confidentiality is provided.

The Department of Housing and Urban development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. Seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L.98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); by the Housing and Community Development Act of 1987 (42 U.S.C. 3543).

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Signature

Date

Note to Applicant/Tenant: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

Verification of Disability

PENALTIES FOR MISUSING THIS CONSENT:

Title 18, Section 1001 of the U.S. code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statement to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purpose cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number contained in the Social Security Act at 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 USC 408 (a) (6), (7) and (8).

momentum

innovative disability services

Please select all the locations you would like to apply for. Please be advised that your name will only be placed on the properties you have selected.

Burbank Apts.

600 S. San Fernando Blvd.
Burbank, CA 93013

Carpinteria Apts.

648 Maple Avenue
Carpinteria, CA 93013

Culver City Apts.

4222 Van Buren Pl.
Culver City, CA 90232

Glendale Apts.

6200 San Fernando Rd.
Glendale, CA 91201

Goleta Accessible Apts.

6069 Shirrell Way
Goleta, CA 93117

Los Angeles Apts.

2628 Brighton Avenue
Los Angeles, CA 90018

North Hollywood Apts.

12145 Burbank Blvd.
Valley Village, CA 91607

Pasadena Apts.

915 Rio Grande St.
Pasadena, CA 91104

Santa Monica Apts.

1525 Euclid Street
Santa Monica, CA 90404

Stanton Apts.

10572 Knott Avenue
Stanton, CA 90680

Torrance Apts.

22520 Ocean Avenue
Torrance, CA 90505