

CFSC, Inc.

2115 7th Avenue Santa Cruz, CA 95062 Phone 831-420-0120 Fax: 831-420-0136

Housing Application

Applicant Name: _____ Date: _____

All housing listed below is specifically for individuals with a psychiatric disability and are subject to income limit restrictions. Incomplete/unsigned applications will be returned. All properties accept Section 8 vouchers. Apply for any location by checking the associated box.

536/538 Lincoln Street, Watsonville

- (2) 3-bedroom house - Shared Housing
- (1) 1-bedroom apartment

2718 Freedom Blvd., Watsonville

- (2) 2-bedroom cottages
- (1) 3-bedroom cottage
- (4) 1-bedroom apartment

817 Broadway, Santa Cruz

- 4-bedroom house - Shared Housing

222 Van Ness, Santa Cruz

- 8-bedroom house - Shared Housing

720 Water Street, Santa Cruz

- (1) 3-bedroom house - Shared Housing
- (1) 4-bedroom house - Shared Housing
- (2) 1-bedroom house - list closed effective 12/1/10*

120 Anderson, Watsonville

- 5-bedroom house - Shared Housing*
- list closed effective 1/3/18*

159 Mission Street, Santa Cruz

- 1-bedroom apartments, Studio apartments*
- list closed effective 12/1/10*

Note: Locations identified as Shared Housing have individual bedrooms with shared common areas including living room, kitchen and outdoor areas.

FOR OFFICE USE ONLY:

Date/Time Stamp: _____ Received by (Initials/Date): _____ / _____

APPLICANT INFORMATION

Applicant Name: _____

Applicant's Current Address: _____

City: _____ State: _____ Zip Code: _____

Applicant's Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home phone _____ Cell phone: _____ Work phone: _____

Emergency Contact: A relative, friend or support person who generally will know how to contact you.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home phone _____ Cell phone: _____ Work phone: _____

Do you have a psychiatric disability that can be verified? Yes No

These properties are set aside for those with a verifiable psychiatric disability

Is anyone in your household currently required to register as a sex offender in any state? Yes No

Do you have a Section 8 Voucher or receive housing assistance from HUD? Yes No

Are you a Veteran of the Armed Forces? Yes No

Have you ever been evicted? Yes No

If yes, dates of eviction: _____

Do you require an accessible unit or a unit with accessible features? Yes No

If Yes, please specify which special features you require (subject to third party verification):

Mobility accessible Communication Accessible (hearing/visual)

Other, please describe: _____

How did you learn of this housing opportunity?

Newspaper Ad Case Manager Friend Other-Please Specify _____

HOUSEHOLD COMPOSITION & CHARACTERISTICS

List all people (including applicant) who will be living in the unit.

Applicant Name: _____

Applicant Social Security Number: _____

Full Time Student: Yes No

Co-Applicant Name: _____

Co-Applicant Social Security Number: _____

Full Time Student: Yes No

Dependent Name: _____

Dependent Social Security Number: _____

Is this person a minor? Yes No Full Time Student: Yes No

Dependent Name: _____

Dependent Social Security Number: _____

Is this person a minor? Yes No Full Time Student: Yes No

CURRENT RENTAL INFORMATION

Current Address: _____

Dates of residence: _____

Landlord/Manger's Name: _____ Phone: _____

Landlord/Managers Address: _____

RENTAL HISTORY

Please provide rental history for the past five years. Use back of form if necessary.

1. Previous address: _____

Dates lived at address: _____

Reason for moving: _____

Landlord/Manager's name: _____

Landlord/Manager's address: _____

2. Previous address: _____

Dates lived at address: _____

Reason for moving: _____

Landlord/Manager's name: _____

Landlord/Manager's address: _____

3. Previous address: _____

Dates lived at address: _____

Reason for moving: _____

Landlord/Manager's name: _____

Landlord/Manager's address: _____

ASSET INFORMATION

List all current checking, savings, payees (i.e. MMP or Public Guardian)

1. Bank Name / Branch: _____

Current Balance: _____

2. Bank Name / Branch: _____

Current Balance: _____

Do you own any real estate? Yes No

Do you have any retirement accounts? (IRA, 401K, stocks/bonds) Yes No

INCOME INFORMATION

For each type of income that your household receives, give the source of the income and the amount of income

Source of Income	Applicant	Co-Applicant	Child
Social Security Benefits (SSI/SSA)			
Employment			
Unemployment			
General Assistance			
Veterans Administration Benefits			
Disability (State or SSDI)			
Welfare/AFDC			
Alimony/Child Support			
Retirement/Pension			
Income from Family/Others			
Trust Funds			
Other Income			
Total Monthly Income			

I certify that if selected, the unit I will occupy will be my only residence. I understand that the above information is being collected to determine my eligibility for rental assistance. I authorize the owner to verify all information provided on this application and to contact previous or current landlords or other sources for credit and verification information which may be released to appropriate Federal, State or Local agencies. I certify that the statements made in this application are true and complete to the best of my knowledge and belief. I understand that false statements or information are punishable under Federal/State law and could result in this application being rejected.

Signature of Applicant _____ Date: _____

Signature of Co-Applicant _____ Date: _____

It is illegal to discriminate against any person because of race, color, religion, sex, handicap, familial status, or national origin