



RENTAL APPLICATION

Property Name and Address:

Property Name: Blue Butterfly Village

Phone: (424) 328-3157

Property Address: 2225 Blue Butterfly Way

Fax: (424) 328-3161

City/State/Zip: San Pedro, CA 90732

Email: bluebutterfly@voa.org

Instructions for completing the application:

1. Applications may be submitted in person to the Blue Butterfly Village Management Office between 9am and 4pm Monday through Friday or via US Postal Service to the above-listed address.
2. Blue Butterfly Village does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in its federally assisted programs and activities.
3. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988):

Jack Jones, Director, Housing Technical & Training Services
Volunteers of America
1660 Duke Street, Alexandria, VA 22314
(Voice): 703-341-5000
Telephone (TTY) 800-735-2905
4. Please complete all sections by printing in ink. Please do not leave any section blank, even sections which do not apply to you. For instance, if a section asks for driver's license number and you do not have a driver's license, you may write "NONE". If you need to make a correction, put one line through the incorrect information, write the correct information above, and initial the change.
5. This application must be completed by the Head of Household. Each additional member 18 years of age and older who will reside in the apartment must sign the Rental Application.
6. It is important that all information on this form be complete and correct. False, incomplete or misleading information will cause your household's application to be declined.
7. As long as your application is on file with us, it is your responsibility to contact us whenever your address, telephone number or income situation changes and whenever you need to add a person to your application or remove a person from your application.
8. After we accept your application, we will make a preliminary determination of eligibility. If your household appears to be eligible for housing, your application will be placed on a Waiting List per the rules in the "**Blue Butterfly Village Tenant Selection Criteria**"; but this does not mean that your household will be offered an apartment. If later processing establishes that your household is not actually eligible or not actually qualified for housing, your application will be declined. We will process your application according to our standard procedures which are summarized in the Blue Butterfly Tenant Selection Criteria posted in the Management Office.
9. Rental History must include all places where you/or any adult member lived in the past four years including places where your or their name did not appear on the lease and places where you or they used a different name.

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

A person with a disability may request a reasonable accommodation (a reasonable change in policies), a reasonable structural modification, an accessible unit or the provision of auxiliary aids and services, in order to have equal access to a housing program. If you or anyone in your household has a disability, and because of that disability requires a specific accommodation, modification or auxiliary aids or services to fully use our housing services, please contact our staff for a reasonable accommodation form.



FOR OFFICE USE ONLY:

Date Received: _____ Time Received: _____

Applying for (check all that apply): VASH Unit MHSA Unit

APPLICANT INFORMATION:

Name: _____
 Last First Middle Initial

Current Address: _____
 Street City State Zip Code

Telephone #: _____ SS #: _____ Date of Birth: _____

HOUSEHOLD INFORMATION:

List below all information for each additional household member who will occupy the unit.

| Name (First, Middle Initial, Last) | Relationship to Head of Household | Special Status Veteran / Disaster (FEMA) | Social Security Number | Date of Birth (Mo./Day/Yr.) |
|------------------------------------|-----------------------------------|--|------------------------|-----------------------------|
| | | <input type="checkbox"/> Vet <input type="checkbox"/> Disaster | | |
| | | <input type="checkbox"/> Vet <input type="checkbox"/> Disaster | | |
| | | <input type="checkbox"/> Vet <input type="checkbox"/> Disaster | | |
| | | <input type="checkbox"/> Vet <input type="checkbox"/> Disaster | | |
| | | <input type="checkbox"/> Vet <input type="checkbox"/> Disaster | | |
| | | <input type="checkbox"/> Vet <input type="checkbox"/> Disaster | | |
| | | <input type="checkbox"/> Vet <input type="checkbox"/> Disaster | | |

Is your household: Homeless Chronically Homeless

Homelessness:

1. an individual who lacks a fixed, regular, and adequate nighttime residence; or
2. an individual who has a primary nighttime residence that is -
 - A. a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill);
 - B. an institution that provides a temporary residence for individuals intended to be institutionalized; or
 - C. a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

Chronic homelessness: an individual or family with a disabling condition who has been continuously homeless for a year or more or has had at least four episodes of homelessness in the past three years.

Do you need an accessible unit? Yes No

***If yes, please check the type of accessible unit:* Mobility Hearing and/or Visual

Does your household qualify for the property-wide domestic violence and/or military sexual trauma preference? Yes No

Domestic Violence (DV): any violent or aggressive behavior within the family unit.

Military Sexual Trauma (MST): any experience of non-consensual sexual activity between military service members, ranging from threatening sexual harassment to sexual assault.



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Do you anticipate a change in household composition during the next 12 months? Yes No

Will any of the above household members live anywhere except in the apartment? Yes No

Will any other persons live in the apartment on a less than full-time basis? Yes No

If you answered "Yes" to either questions, please explain: _____

MISCELLANEOUS INFORMATION:

Are you or any household member currently expecting a child? Yes No

If yes, what is the scheduled due date: _____

Have you or any other adult members ever used any name(s) or Social Security number(s) other than the one you are currently using?

Yes No If yes, explain: _____

Have you or any member of your household ever committed any fraud in a Federal assistance housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? Yes N If yes, explain: _____

Do you have any pets? Yes No If yes, what kind and size: _____

Are you a current user of illegal drugs? Yes No

Do you abuse alcohol to the extent that you are a danger to others health, safety, or right to peaceful enjoyment? Yes No

Has any household member ever been convicted of any drug offense? Yes No If yes, who: _____ Explain: _____

Has any household member ever been convicted of a felony? Yes No If yes, who: _____

Explain: _____

Does anyone in the household currently have any felony charges pending against them? Yes No

If yes, who: _____ Explain: _____

Have any household member ever been evicted from HUD or subsidized housing program for drug related or criminal activity? Yes No

If yes, who: _____ Explain: _____

Are you listed on a state or federal sex offender registry? Yes No

For each household member 18 years or older, please list all states in which you have lived since 1996:

Name: _____ States: _____

Name: _____ States: _____

Name: _____ States: _____

LANDLORD INFORMATION:

Present Housing: Own _____ Rent _____ Other _____ Monthly Amount \$ _____

Landlord's Name: _____

Landlord's Address: _____

Street City State Zip Code

Landlord's Telephone: _____ Dates of Residency: _____

(mo./yr.) TO (mo./yr.)

Previous Housing: Own _____ Rent _____ Other _____ Monthly Amount \$ _____

Previous Address: _____

Street City State Zip Code

Landlord's Name: _____

Landlord's Address: _____

Street City State Zip Code

Landlord's Telephone: _____ Dates of Residency: _____

(mo./yr.) TO (mo./yr.)



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EMPLOYMENT INFORMATION:

Present Employer: _____ Telephone # _____

Employer Address: _____
Street City State Zip Code

Occupation: _____ **Dates of Employment:** _____
(mo./yr.) TO (mo./yr.)

Salary: \$ _____ per hour week month year other _____

Second Employer, or
 Previous Employer: _____ Telephone # _____

Employer Address: _____
Street City State Zip Code

Occupation: _____ **Dates of Employment:** _____
(mo./yr.) TO (mo./yr.)

Salary: \$ _____ per hour week month year other _____

Spouse Employer: _____ Telephone Number: _____

Employer Address: _____
Street City State Zip Code

Occupation: _____ **Dates of Employment:** _____
(mo./yr.) TO (mo./yr.)

Salary: \$ _____ per hour week month year other _____

Please list the total annual employment income of all members of your household.

| Name of Recipient | Wages (Full Time) | Wages (Part Time) | Overtime Pay | Commissions Or Fees | Tips or Bonuses |
|-------------------|----------------------|----------------------|-----------------|------------------------|--------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

BENEFITS:

Please list the total benefit income of all members of the household. If a divorce decree or separation agreement exists but payments are not received, list the amount court ordered by the document.

| Benefit Type | | Amount Received | Per | Household Member Receiving Benefit |
|--------------------------------|---|-----------------|-----|---------------------------------------|
| Social Security (Adult) | <input type="checkbox"/> Y <input type="checkbox"/> N | | | |
| Social Security (Child) | <input type="checkbox"/> Y <input type="checkbox"/> N | | | |
| SSI (Adult) | <input type="checkbox"/> Y <input type="checkbox"/> N | | | |
| SSI (Child) | <input type="checkbox"/> Y <input type="checkbox"/> N | | | |
| Disability or Death Benefits | <input type="checkbox"/> Y <input type="checkbox"/> N | | | |
| Public Assistance (AFDC, TANF) | <input type="checkbox"/> Y <input type="checkbox"/> N | | | |
| Alimony | <input type="checkbox"/> Y <input type="checkbox"/> N | | | |
| Child Support | <input type="checkbox"/> Y <input type="checkbox"/> N | | | |



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OTHER INCOME:

Does any member of the household have income from any of the following? If yes, state the amount, frequency, and the household member receiving the income.

| Income Type | | Amount Received | Per | Household Member Receiving Benefit |
|--|---|-----------------|-----|------------------------------------|
| Income from Self-Owned Business | <input type="checkbox"/> Y <input type="checkbox"/> N | | | |
| Recurring Cash Contributions or Gifts including rent or utility payments | <input type="checkbox"/> Y <input type="checkbox"/> N | | | |
| Worker's Compensation | <input type="checkbox"/> Y <input type="checkbox"/> N | | | |
| Unemployment Benefits | <input type="checkbox"/> Y <input type="checkbox"/> N | | | |
| Severance Pay | <input type="checkbox"/> Y <input type="checkbox"/> N | | | |
| Payments from Insurance Policies | <input type="checkbox"/> Y <input type="checkbox"/> N | | | |
| Retirement Benefits | <input type="checkbox"/> Y <input type="checkbox"/> N | | | |
| Pension Benefits | <input type="checkbox"/> Y <input type="checkbox"/> N | | | |
| Educational Grants/ Scholarships | <input type="checkbox"/> Y <input type="checkbox"/> N | | | |
| Veteran's Administration Benefits | <input type="checkbox"/> Y <input type="checkbox"/> N | | | |
| Military Reserves/National Guard | <input type="checkbox"/> Y <input type="checkbox"/> N | | | |
| GI Bill Benefits | <input type="checkbox"/> Y <input type="checkbox"/> N | | | |
| Periodic Payments from lottery winnings | <input type="checkbox"/> Y <input type="checkbox"/> N | | | |
| Member of an Indian Tribe receiving gaming payments | <input type="checkbox"/> Y <input type="checkbox"/> N | | | |
| Any Other Income: _____ | <input type="checkbox"/> Y <input type="checkbox"/> N | | | |

Do you have any Rental Property or Business Property income? Y N

If yes, give the name and address of the renter or the business owner:

Name _____

Address _____

Amount of rent or income per month: _____

ASSET INFORMATION:

Does any member of the household own any of the following types of assets?

| Type of Asset | | Value or Current Balance | Name of Financial Institution |
|--|---|--------------------------|-------------------------------|
| Checking Account | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| Savings Account | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| Credit Union Shares | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| Stocks/Bonds | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| Treasury Bills | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| Money Market Funds | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| Certificate of Deposit | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| Rental Property | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| Real Estate/Mortgages/Land Contracts | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| Safe Deposit Box | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| Deeds or Trust | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| Annuities | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| Own a Mobile Home | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| IRA or Keogh Account | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| Mutual Funds | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| Personal Property held for investment purposes | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| SS Debit Card | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| Other Financial Assets | <input type="checkbox"/> Y <input type="checkbox"/> N | | |

** Debit cards are used in lieu of checks from the Social Security administration and other sources as means of receiving income.

Has any household member disposed of any assets at less than fair market value during the past two years?

Yes No If yes, explain: _____



STUDENT INFORMATION:

Please provide the following information for **ALL** household members.

| Family Member | A student now or next year? | Full Time | Part Time |
|---------------|---|--------------------------|--------------------------|
| | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |

Has any adult household member attended school full time for five months or more during this calendar year? Y N
 If yes, who: _____

EMERGENCY CONTACT INFORMATION:

Please provide the following information for two emergency contacts.

| | | | |
|---|-------|------------------------------------|----------|
| Name of Primary Contact: _____ | | | |
| Last | First | Middle Initial | |
| Current Address: _____ | | | |
| Street | City | State | Zip Code |
| Daytime Phone Number: _____ | | Evening Phone Number: _____ | |
| Relationship: _____ | | | |
| Name of Secondary Contact: _____ | | | |
| Last | First | Middle Initial | |
| Current Address: _____ | | | |
| Street | City | State | Zip Code |
| Daytime Phone Number: _____ | | Evening Phone Number: _____ | |
| Relationship: _____ | | | |

VEHICLE INFORMATION:

| | | | |
|---|------------|---------------------|-------------|
| Driver's License Number/State ID#: _____ | | State Issued: _____ | |
| Spouse Driver's License Number/State ID#: _____ | | State Issued: _____ | |
| Vehicle #1: Year _____ | Make _____ | Model _____ | Color _____ |
| License # _____ | | State _____ | |
| Vehicle #2: Year _____ | Make _____ | Model _____ | Color _____ |
| License # _____ | | State _____ | |



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I/We understand that the above information is being collected to determine my/our eligibility for residency. I/We authorize the owner/management to verify all information provided on this application and my/our signature is our consent to obtain such verification. I/We certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to the release of the necessary information to determine my eligibility.

I/We authorize any person, or landlord or criminal agency having any information on me/us to release any and all such information to the owner/management or their agents or credit checking agents. I understand that the background check (rental history, arrest and/or conviction records) will be completed through third party verification with the appropriate entity. I understand that a check will be made of the sex offender registry in states in which I have resided.

WARNING: "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 statements to any department of the United States government. HUD, the PHA and any owner (or any employee of HUD, the PHA 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 the verification forms is restricted to the purposes cited thereon. Any person who knowingly or willfully 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, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the

Social Security Act at 42 U.S.C. 208(f), (g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408 f, g, and h."

WAITLIST POLICY: All completed applications will remain on a property waitlist per the requirements of the Resident Selection Criteria as long as the following conditions have been met:

- A. All eligibility requirements are maintained per the Resident Selection Criteria.
- B. Applicant(s) has not refused/declined a unit more than twice.
- C. No criminal act has been committed by the applicant or anyone listed on the application, including minors.

It is the responsibility of the applicant to contact the rental office every six (6) months to inform management of any changes in income, address or contact phone number. In addition to updating information, you will also need to inform management of your desire to remain on the waitlist or cancel your application. Failure to contact the rental office to update information can result in your application being rejected from the waitlist due to "Unable to Locate".

SIGNATURES: (All adult household members must sign below.)

_____ / ____ / ____
Applicant Date

_____ / ____ / ____
Additional Adult Household Member Date

_____ / ____ / ____
Additional Adult Household Member Date

_____ / ____ / ____
Agent for Owner Date



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DO NOT WRITE BELOW THIS LINE – MANAGEMENT USE ONLY

APPLICATION DISPOSITION:

Approved: _____
(Date)

Approved by: _____
(Signature)

Title: _____

Disapproved: _____
(Date)

Disapproved by: _____
(Signature)

Title: _____

Reason(s) for Disapproval: _____

Applicant Notified in Writing on: _____

Applicant Appealed Decision on: _____ (Written notification attached.)

Applicant Appeal Reviewed by: _____ Date: _____
(Signature) (Title)

Appeal Decision: Approved _____ Disapproved _____

Applicant Notified in Writing on: _____