New Directions Sepulveda

Opening Summer 2013! Wait List Opens March 8, 2013

Permanent Supportive Housing for

HOMELESS U.S. Military Veterans with SPECIAL NEEDS

147 Studio Units, situated on the grounds of the Sepulveda VA campus in the North Hills area of San Fernando Valley

- **Laundry Facilities**
- **Multi-Purpose Community Room**
- **Free Internet Access**
- **Kitchens and bathrooms in each unit**
- **Parking**
- **On-Site Supportive Services/ Manager**
- **Limit One Person Per Unit**
- **Income Limit Approx. $17,400**

Rents subsidized by the Veterans Affairs Supportive Housing program and the Housing Authority of the City of Los Angeles.

Applicants must be Homeless or Chronically Homeless Veterans referred by a qualifying homeless services provider. Income limits and other requirements apply.

For more information please call (818) 753-6925

INCOME AND OTHER RESTRICTIONS APPLY

A Community Of Friends
Building Independent Lives

NEW DIRECTIONS *Where Veterans Turn*

EQUAL HOUSING OPPORTUNITY

All applicants must meet certain eligibility guidelines. This property is subject to the requirements of several funding sources, which make these Communities financially feasible. The above information reflects most requirements to the best of management's knowledge at this time, but is not complete or comprehensive, and is subject to change in order to maintain compliance with applicable laws or regulations. 1.24.2013

THE JOHN STEWART COMPANY

March 2013

RE: **New Directions Sepulveda**

Dear Applicant:

Enclosed please find a rental application, Initial Documentation Requirements, and Tenant Selection Criterion for New Directions Sepulveda. Please be sure to complete the entire application before mailing it to the address below.

Applications will be accepted if they are sent by U. S. mail (**faxed or overnighted applications will not be accepted**) to:

New Directions Sepulveda
P.O. Box 2759
North Hills, CA 91393

Applications will be processed starting March 8th, 2013. Applications may be submitted earlier, however, no applications will be processed prior to March 8th, 2013 and all applications will be processed on a first—come first—served basis. Please return your application and keep the Resident Selection Criteria and Frequently Asked Questions sections for your records.

As a part of the screening process, we will contact prior landlords for references and conduct credit and criminal background check of all members of the household who are 18.

If you have any questions regarding the application or the application process please contact us at (818) 753- 6925.

EQUAL HOUSING OPPORTUNITY

THE JOHN STEWART COMPANY

March 2013

RE: **New Directions Sepulveda**

Dear Applicant:

Please review the following eligibility criteria for this community for U.S. Military Veterans who are homeless:

1- **Homeless** or **Chronically Homeless.**

2- **A U.S. Military Veteran.** Veterans Administration will confirm status as a qualifying Veteran. A qualifying Veteran will have honorable or other than honorable discharge status, and may need to qualify for VA healthcare services.

3- The applicant must be 18 years or older.

4- The applicant must have a qualifying disability, such as a **diagnosed mental disability** or a **physical disability.**

5- Total gross income not exceeding 30% of Los Angeles County Area Median Income, which is currently $17,400.

6- All units are studios. Occupancy is limited to **one** household member, only.

7- Applicants may be required to demonstrate sobriety for a certain period prior to move-in.

8- Any applicant who does not identify a case manager or services provider in their application will be directed to a provider BEFORE the application will be reviewed.

This community is situated on the grounds of the Sepulveda Veterans Administration campus off Lassen and Haskell, west of the I-405, in the North Hills area of Los Angeles, California, 91343. There will be 147 studio apartments available in the summer of 2013.

Thank you for your interest in applying!

EQUAL HOUSING OPPORTUNITY

NEW DIRECTIONS SEPULVEDA
INITIAL DOCUMENTATION REQUIREMENTS

So that we can process your application, you should provide the following original documents ON THE DAY OF THE INTERVIEW:

1) Current Photo ID
   Acceptable forms of ID are:
   a) Driver's License or State Issued ID Card
   c) Passport
   d) Legal Alien Registration Card
   e) Veterans Military ID

2) Social Security Card

Proof of all applicable income:
The following are samples of documents we will accept as proof of income.

a) Social Security of SSI - Current printout or Award letter Pension / annuity / VA pension - Letter stating current gross monthly income.

b) Employment - 3 consecutive months paycheck stubs from your most recent pay periods. If cash payment is received and no pay stubs are provided by employer, a letter from your employer on company letterhead with the following information:

   * Employee's name and Social Security Number
   * Date employed
   * Number of weekly hours expected to work
   * Hourly rate or salary
   * How often paid (weekly, bi-weekly, bi-monthly, monthly)
   * Anticipated wage or hourly changes in the next 12 months

c) General relief / AFDC - Current Notice of Action from the Department of Public and Social Service documenting gross monthly benefits

e) Self-employment - Last 2 years of tax returns

Proof of Assets

a) Bank Accounts: 6 consecutive months' bank statements. Verifiable proof of any other assets such as, but not limited to, 401k or any other retirement plan, Real Estate investments, Stocks, Bonds, etc.

Proof of Student Status (if applicable)

a) College and higher education students must provide print out from Education Institution and Financial Aid verification from any Public or Private Institutions.

THE JOHN STEWART COMPANY

Application For Occupancy

NEW DIRECTIONS SEPULVEDA

Address: P.O. Box 2759
North Hills, CA 91393

For Office Use Only

Date Received: _____

Application #: _____

This information is to be filled out by the primary applicant. The information you provide below will be used to determine if you meet eligibility guidelines for the property you are applying. All information will be kept confidential. Please complete all sections. Application needs to be signed to be considered.

TDD number: (888) 877-5379 of California Relay Services or (711)

Applicant Name: Phone: Other Phone:

Mailing Address: City: State/Zip Code:

Household Information

Please answer all questions. Write N/A if a particular question is not applicable.

Full Name	Relationship to Primary applicant	Date of Birth (DOB)	Last 4 digits of Social Security #	Student Status	
	SELF			☐ Yes ☐ Full Time ☐ Part Time	☐ No

History of Homelessness:

Are you currently homeless? ☐ Yes ☐ No

If so, where are you currently living?

☐ Shelter ☐ Transitional/Grant Per Diem ☐ Other

Name of program/agency: _____

When was the last time (month/year) you lived in your own place? _____

Veteran Status:

Have you ever served in the U.S. military? ☐ Yes ☐ No

If so, discharge status? ☐ Honorable ☐ Other than honorable ☐ Dishonorable

Do you have a copy of your DD214 or letter of service? ☐ Yes ☐ No

If not, please note that you should order it now. You will be required to provide these documents at the next stage of the application process.

Are you eligible to receive VA healthcare services? ☐ Yes ☐ No

Have you ever received a VASH or Section 8 Housing Voucher? ☐ Yes ☐ No

Verification of Disability:

Do you have a physical or mental impairment that limits a major life activity? ☐ Yes ☐ No

Sobriety:

Do you have a history of alcohol or substance abuse? ☐ Yes ☐ No

Referring Case Manager & Organization:

Case Manager's Name: _____

Organization: _____

Address: _____

Phone #: _____ Fax#: _____ E-Mail: _____

Do you anticipate any additions to your unit in the next 12 months? ☐ Yes ☐ No

Are you enrolled in a Vocational Rehabilitation and Employment Program (VREP) or other program? ☐ Yes ☐ No

Are you a full time student? ☐ Yes ☐ No

If you are full-time (FT) student, are you:

☐ Receiving assistance under Title IV of the Social Security Act (AFDC/TANF/Cal Works - not SSA/SSI)

☐ Enrolled in a job training program receiving assistance through the Job Training Participation Act (JTPA) or other similar program

☐ Married and filing (or are entitled to file) a joint tax return

☐ A single parent with a dependent child or children and neither you nor your child(ren) are dependent of another individual

☐ Previously enrolled in the Foster Care program (currently age 18-24)

(optional) Please indicate if you are requesting a unit with special accommodations for: ☐ Mobility ☐ Visual ☐ Hearing Disability

Housing Status

NOTE: Please provide 5 years of housing history.

CURRENT ADDRESS:	City, State:	Zip Code:
Apartment Name/Landlord Name:	Landlord Phone Number:	Reasons for moving?
How long have you lived at this address? _____ years _____ months	Beginning date of occupancy	Ending date of occupancy
PREVIOUS ADDRESS:	City, State	Zip Code:
How long did you live at this address? _____ years _____ months	Beginning date of occupancy	Ending date of occupancy
NEXT PREVIOUS ADDRESS:	City, State	Zip Code:
How long did you live at this address? _____ years _____ months	Beginning date of occupancy	Ending date of occupancy

Background Information (An affirmative answer will not necessarily disqualify you from receiving housing)

Were you ever convicted of a felony? ☐ Yes ☐ No	If yes, when? Explain circumstances briefly.
Have you ever been evicted? ☐ Yes ☐ No	If yes, when? Explain circumstances briefly.

EMERGENCY INFORMATION: In case of emergency, notify…	
Name:	Phone #1_____ Phone #2
Address:	Relationship:

Income Information - List all current full- and/or part-time employment income for all household members. (Include self-employment gross earnings and net taxable income.) See below for non-employment sources of income.

EMPLOYMENT INFORMATION:		
Name of person employed:		Supervisor:
Company Name:		Title:
Address:		Date of Hire:
City/State/Zip:		Hours Per week: _____ $_____ Per Hour $ _____ Per Year
Phone:	Fax:	

ADDITIONAL EMPLOYMENT INFORMATION (if applicable):		
Name of person employed:		Supervisor:
Company Name:		Title:
Address:		Date of Hire:
City/State/Zip:		Hours Per week: _____ $_____ Per Hour $ _____ Per Year
Phone:	Fax:	

OTHER INCOME INFORMATION: Identify each source of income currently received or anticipated to be received in the next 12 months.			
Type of income	Check Yes or No	Monthly Gross Income (Enter N/A if none)	Name of Beneficiary
1. Self-Employment	☐Yes ☐No	$	
2. Unemployment Compensation	☐Yes ☐No	$	
3. Disability/Worker's Compensation/Severance	☐Yes ☐No	$	
4. Social Security/SSI Benefits	☐Yes ☐No	$	
5. VA Benefits	☐Yes ☐No	$	
6. Pension/Annuity	☐Yes ☐No	$	
7. Military Pay	☐Yes ☐No	$	
8. Public Assistance (AFDC/TANF/W-2)	☐Yes ☐No	$	
9. Other Income	☐Yes ☐No	$	
10. Zero Income	☐Yes ☐No	$	

Assets

Complete each category as applicable.

Type of Asset	Name of Financial Institution	Check Yes or No	Current Amount	Account Holder
1. Checking		☐Yes ☐No	$	
2. Savings		☐Yes ☐No	$	
3. Cash on Hand		☐Yes ☐No	$	
4. Stocks/Mutual Funds		☐Yes ☐No	$	
5. CD/Money Markets/Bonds		☐Yes ☐No	$	
6. 401K/IRA		☐Yes ☐No	$	
7. Pension/Annuity		☐Yes ☐No	$	
8. Other		☐Yes ☐No	$	

Has any adult family member sold, given away, or otherwise disposed of any assets during the past two years? ☐ Yes ☐No

If yes, please complete the following:

Asset Disposed: _____ Date Disposed: _____ Amount Disposed: _____

Reason of disposal: _____

_____

_____

_____

WARNING: MISLEADING WILLFUL FALSE STATEMENTS, MISREPRESENTATIONS, OR INCOMPLETE INFORMATION IN THIS APPLICATION WILL BE GROUNDS FOR REJECTION OF THIS APPLICATION.

PLEASE CONSIDER COMPLETING THIS OPTIONAL SECTION:

1. Do you require special unit design features for mobility impairment? Yes_____ No_____
2. Do you require special unit design features for visual impairment? Yes_____ No_____
3. Do you require special unit design features for hearing impairment? Yes_____ No_____

I DECLARE THAT THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

1. I hereby authorize my case manager to receive information regarding my application and future authorize property management to exchange and release personal records regarding my application with/to my case manager.
2. I certify that if selected to move into this project, the unit I/we occupy will be my/our primary residency.
3. I certify that the statements made in this application are true and complete to the best of my/our knowledge and belief.
4. I understand that false statements or information are punishable under federal law and cause for immediate denial of housing.
5. I understand we must provide written notification of any changes to the information on this form, especially homeless history, mailing address and telephone number.
6. I understand that the above information is being collected to determine my/our eligibility for an apartment. I/we authorize the owner to verify all information provided on this application and to contact previous or current landlords, employers, or other sources for credit and verification information which may be released by appropriate federal, state, and local agencies, or private persons to the owner/management.
7. I agree to allow management to perform a consumer credit check, landlord verification, and criminal background check on all adult household members. (I may request copies of these documents).
8. Housing is subject to eligibility and availability.

I declare under penalty of perjury that I have read the above statements and I grant my consent for the release of information to all necessary third parties as needed for verification purposes.

x _____

Signature of Applicant	Date

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