



# Manila Terrace

managed by human good

Dear Prospective Applicant,

Thank you for your interest in applying for an apartment at Manila Terrace. Manila Terrace provides housing for low income households whose household's gross income may not exceed the maximum income limit per household size, as determined by HUD, and according to the Low Income Tax Credit Program, and may not be lower than the income minimum per household size. All information requested in the application packet must be completed. Incomplete applications will not be considered. If the information requested does not apply to you, please indicate by using "N/A" for not applicable. This will tell us that you understand the requested information and you did not intentionally leave it blank. If you make a mistake or typo, please draw a single line through the error(s) and initial the change(s). Please do not use whiteout to correct the errors.

Please complete, sign and return the *Application for Housing* form and the *Applicant/Resident Emergency Information Sheet* attached.

Once the application is received, it will be determined whether you preliminarily qualify to be placed on the waiting list. If you do not qualify, you will be notified in writing. We update our waiting list once per year. Please remember to notify us, in writing, if your information changes (contact information, income information, etc.). If you don't respond to us whether or not you still want your name to remain on the waiting list, you will be removed from our waiting list.

The apartments are offered as they become available. As your name reaches the top of the waiting list, you will be required to come in for an interview. At that time, you will be asked to sign the authorization forms which allows our staff to further verify your age, income, assets, allowances, criminal history, sex offender status, credit history and landlord references.

Should you require a reasonable accommodation based on a disability to afford you an equal opportunity to participate in this housing opportunity, please contact the management office at the address below or phone/TDD so that we can consider your request for reasonable accommodation.

Sincerely, Manila Terrace Community Management

Life. It's personal.

2328 W. TEMPLE ST. LOS ANGELES, CA 90026 T 213.483.2488 F 213.483.2512 TDD 1.800.545.1833, EXT. 478 HUMANGOOD.ORG



Manila Terrace does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in its federally assisted programs and activities.



# Manila Terrace

managed by human good

2328 W. Temple Street  
Los Angeles, CA 90026  
Phone (213) 483-3858, Fax (213) 483-2512  
TDD (800) 545-1833 ext. 478  
E-mail: MTA-Administrator@BeaconCommunities.org  
Web: www.humangood.com

**For Office Use Only**

**Date/Time Received:**

**Application #:** \_\_\_\_\_

Updated Application  
(office use only)

## APPLICATION FOR HOUSING

### Part I. Household Information

#### APPLICANT -HEAD OF HOUSEHOLD

First Name:	Middle Initial:	Last Name:	
Present Address:	City:	State:	Zip Code:
Mailing Address (if different):	City:	State:	Zip Code:
Home Phone: ( ) _____	Work Phone: ( ) _____	Cell Phone: ( ) _____	
Social Security #: _____		Date of Birth: _____	
Email Address: _____			
Sex: <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Prefer not to disclose			

#### CO-APPLICANT

First Name:	Middle Initial:	Last Name:	
Social Security #: _____		Date of Birth: _____	Cell Phone: _____
Relationship to Applicant: _____		Sex: <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Prefer not to disclose	

#### OTHER APPLICANT

First Name:	Middle Initial:	Last Name:	
Social Security #: _____		Date of Birth: _____	Cell Phone: _____
Relationship to Applicant: _____		Sex: <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Prefer not to disclose	

#### OTHER APPLICANT

First Name:	Middle Initial:	Last Name:	
Social Security #: _____		Date of Birth: _____	Cell Phone: _____
Relationship to Applicant: _____		Sex: <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Prefer not to disclose	

**OTHER APPLICANT**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_ Sex:  F  M  Prefer not to disclose

**OTHER APPLICANT**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_ Sex:  F  M  Prefer not to disclose

**OTHER APPLICANT**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_ Sex:  F  M  Prefer not to disclose

**OTHER APPLICANT**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_ Sex:  F  M  Prefer not to disclose

**OTHER APPLICANT**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_ Sex:  F  M  Prefer not to disclose

**Part II. General Questionnaire**

1. Are you an U.S. military veteran? Yes  No

Which Branch?  Air Force  Army  Coast Guard  Marines  Navy

2. Have you or any adult member of your household ever been evicted? Yes  No  If yes, when? Explain.

---

3. Have you or any adult member of your household ever been convicted of a misdemeanor or felony? Yes  No   
If yes, when? Explain.

---

4. Do you or any adult member of your household currently use any illegal drug or other illegal controlled substance?  
Yes  No  If yes, please explain:

---

5. We maintain separate waiting lists for each apartment size. Which waitlist do you want to be placed on? Transfers are only permitted as reasonable accommodation. We will only contact you for vacancies that occur in the apartment size that you select. Please select all that apply. First available  1 Bedroom  2 Bedroom  3 Bedroom  4 Bedroom

---

6. Do you expect changes to your household size within the next 12 months? Yes  No  If yes, please provide name.

---

7. Is there a live-in aide who will be residing with you in the unit? Yes  No  If yes, please provide name.

---

8. How did you hear about this housing opportunity?

---

9. Do you have any animals? Yes  No  If yes, please list:

---

10. Do you own a car? Yes  No  If yes, please list:

---

**Part III. Housing References – Please list current and previous landlords for the last five years.**

**Address of Present Residence:**

---

Present Landlord Name: \_\_\_\_\_ Landlord Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
( ) ( )

---

Present Landlord Mailing Address: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

---

Monthly rent:	# of bedrooms:	Is your rent subsidized?	Rent	Own
\$ _____	1 2 3 4 5	YES NO	<input type="checkbox"/>	<input type="checkbox"/>

---

How long have you lived at this address? \_\_\_\_\_ Years \_\_\_\_\_ Months Reason for wanting to move? \_\_\_\_\_

---

Is there anyone living with you now that will not be moving with you to this property? YES NO If yes, who? And why? \_\_\_\_\_

---

If you have lived at your current address less than five years, what was your previous address?

**Previous Address:**

---

Name of previous Landlord: \_\_\_\_\_ Landlord Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
( ) ( )

---

Previous Landlord Mailing Address: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

---

Monthly rent:	How long have you lived at this address?	Reason for moving?
\$ _____	_____ Years _____ Months	_____

---

If you lived in the above two housing situations for less than 5 years, where did you live?

**Previous Address:**

---

Name of previous Landlord: \_\_\_\_\_ Landlord Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
( ) ( )

---

Previous Landlord Mailing Address: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

---

Monthly rent:	How long have you lived at this address?	Reason for moving?
\$ _____	_____ Years _____ Months	_____

---

**List all states in which you and all adult household members have lived since the age of 18:**

---

**Part IV. Income Information**

**Current Income (Employment Sources)**

List all full and/or part-time employment income for all household members.  
(Include self-employment gross earnings and net taxable earnings)

Full Name	Occupation	Name/Address of Employer	Length of Employment	Gross Earnings BEFORE Taxes
1.		_____		Monthly: \$ _____ Hours per week: _____ Hourly rate: \$ _____
2.		_____		Monthly: \$ _____ Hours per week: _____ Hourly rate: \$ _____
3.		_____		Monthly: \$ _____ Hours per week: _____ Hourly rate: \$ _____
4.		_____		Monthly: \$ _____ Hours per week: _____ Hourly rate: \$ _____

**Other Sources of Income**

(examples: list all public assistance, social security, S.S.I., pension, retirement, disability compensation, unemployment compensation, veterans benefits, insurance policies, interest income, babysitting, care-taking allowance, alimony, child support, annuities, trusts, dividends, regular contributions, scholarships, grants, armed forces, and student financial aid.)

Full Name	Type of Income	Amount	Per
		\$	
		\$	Per
		\$	Per
		\$	Per
		\$	Per

**Assets** – include checking and savings accounts, equity in real property, stocks, bonds, and other forms of capital investment. Do not include automobiles or furniture. If you have no assets, write “none” in the space.

<b>Checking Account</b> – Name of Bank	<b>Savings account</b> – Name of Bank
Address:	Address:
Account Number:	Account Number:
Cash Value /Balance: \$	Cash Value /Balance: \$
<b>Other Account</b> – Name of Bank	<b>Other Account</b> – Name of Bank
Address:	Address:
Account Number:	Account Number:
Cash Value /Balance: \$	Cash Value /Balance: \$
<b>Other Account</b> – Name of Bank	<b>Other Account</b> – Name of Bank
Address:	Address:
Account Number:	Account Number:
Cash Value /Balance: \$	Cash Value /Balance: \$
<b>401K/403B/IRA</b>	<b>Other Account</b> – Name of Bank
Address:	Address:
Account Number:	Account Number:
Cash Value /Balance: \$	Cash Value /Balance: \$
<b>Stocks and Bonds Value:</b> \$	<b>Savings Bond Value:</b> \$

**Do you own Real Estate or Real Property?** Yes  No   
If yes, where? What is the current value?

**Have you ever owned Real Estate or Real Property?** Yes  No   
If yes, when? Where? When Sold? How Much?

**Have you or any adult member of your household disposed of any assets within the last 2 years for less than fair market value?** Yes  No  If yes, what was disposed and for how much?

## Part V. Program Information

1. Do you require a unit with accessible features for persons with disabilities? Yes  No  If yes, what features:

\_\_\_\_ Mobility Impairment      \_\_\_\_ Visual Impairment      \_\_\_\_ Hearing Impairment      \_\_\_\_ Other

2. Do you require a reasonable accommodation due to a disability that requires changes to our rules, policies, procedure or physical modification(s) to the dwelling unit or common areas? Yes  No  If yes, please describe your needs:

3. Do you currently hold a Section 8 voucher? Yes  No  If so from what county?

## Part VII. Student Status

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Does the household consist of all persons who are <u>full-time</u> students (Examples: K-12, College/ University, trade school, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Does the household consist of all persons who have been a <u>full-time</u> student 5 months in the current calendar year?
<input type="checkbox"/>	<input type="checkbox"/>	Does your household anticipate becoming an all <u>full-time</u> student household in the next 12 month?
<b>If you answered YES to any of the previous three questions are you:</b>		
<input type="checkbox"/>	<input type="checkbox"/>	Receiving assistance under Title IV of the Social Security Act (AFDC / TANF/ Cal Works – not SSA/SSI).
<input type="checkbox"/>	<input type="checkbox"/>	Enrolling in a job training program receiving assistance through the Job Training Participation Act (JTPA) or other similar program.
<input type="checkbox"/>	<input type="checkbox"/>	Married and filling (or are entitled to file) a joint tax return.
<input type="checkbox"/>	<input type="checkbox"/>	Single parent with a dependant child or children and neither you nor your child(ren) are dependent of another individual.
<input type="checkbox"/>	<input type="checkbox"/>	Previously enrolled in Foster Care program (currently age 18-24).

**I understand that Manila Terrace is a Non-Smoking Community. I understand that smoking is only permitted in designated areas.**

Yes [  ]      No [  ]

## Signatures:

I/We certify the above information to be true and correct to the best of my/our knowledge. I/We authorize verification of income, assets, credit history, rental history, criminal background, eviction and references. I/We understand that falsification of information found before or after acceptance of this property includes penalties that will result in cancellation of your application, also to include eviction, loss of assistance, if applicable. If this is a HUD subsidized property, the additional fines are imposed: fines of \$10,000.00 and five years imprisonment. **WARNING!: Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States:**

---

Head of Household Signature

---

Date

---

Other Applicant Signature

---

Date

---

Other Applicant Signature

---

Date

---

Other Applicant Signature

---

Date

---

Other Applicant Signature

---

Date

---

Other Applicant Signature

---

Date

---

Other Applicant Signature

---

Date

---

Other Applicant Signature

---

Date

---

Other Applicant Signature

---

Date

---

THE FILING OF THIS APPLICATION IN NO WAY GUARANTEES YOU AN APARTMENT. A FINAL DETERMINATION OF ELIGIBILITY WILL NOT BE MADE UNTIL INFORMATION IS VERIFIED. INCOMPLETE OR UNSIGNED APPLICATIONS WILL BE RETURNED AND NOT ACCEPTED.

---

Return Application to the following address:

**Manila Terrace**

2328 W. Temple Street

Los Angeles, CA 90026



**EQUAL HOUSING OPPORTUNITY**

Manila Terrace does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in its federally assisted programs and activities. Our Fair Housing Coordinator is designated to ensure compliance with the nondiscrimination requirements contained in Section 504 of the HUD Regulations and can be contacted via e-mail at [NorCalSection504@abhow.com](mailto:NorCalSection504@abhow.com) or at 6120 Stoneridge Mall Road, Third Floor, Pleasanton, CA 94588, Telephone 925-924-7116 TDD 800-545-1833 Ext 478.





# APPLICANT / RESIDENT EMERGENCY INFORMATION SHEET

**Instructions: Optional Contact Person or Organization:** You have the right 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 / Resident Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Contact Person or Organization:	
Address of the Contact Person or Organization:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Name of Contact Person or Organization:	
Address of the Contact Person or Organization:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
The following are some of the reasons why we may contact the person you provided to us: emergency, unable to contact you, eviction from unit, late payment of rent, assisting with recertification process, or change in lease terms / house rules, etc.	
<b>Commitment of Management Agency / Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	

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

**Application / Resident Authorization:**  
I have provided the above information to the housing provider voluntarily. I grant full permission to the management agency / owner to release and use this information as they deem necessary and may be able to help in resolving any issues that may arise during my tenancy or to assist in providing any special care or services may require.

\_\_\_\_\_  
Signature of Applicant / Resident

\_\_\_\_\_  
Date

