



FOUNDATION PROPERTY MANAGEMENT, INC.  
RHF MANAGEMENT, INC.  
RETIREMENT HOUSING FOUNDATION  
911 N. Studebaker Road  
Long Beach, CA 90815-4900  
PH: (562) 257-5100  
TDD: (800) 545-1833 Ext. 359

# APPLICATION FOR FAMILY FACILITY

FOR OFFICE USE ONLY

APPLICATION # \_\_\_\_\_  
Date Provided: \_\_\_\_\_  
Time Received: \_\_\_\_\_  
Assigned By: \_\_\_\_\_  
☐ MOBILITY IMPAIRED UNIT "ONLY"  
☐ SENSORY IMPAIRED UNIT "ONLY"

NAME OF HOUSING FACILITY \_\_\_\_\_

504 COORDINATOR:  
**Stuart Hartman**  
Vice President of Operations

**Please answer all questions on this application. Enter "None" or N/A for those questions which do not apply to you. Applications will not be considered unless they are fully completed.**

PLEASE PRINT OR TYPE

LAST NAME	FIRST NAME	MI	TELEPHONE NUMBER		DATE OF BIRTH / /	
CURRENT ADDRESS		APT	CITY	STATE	ZIP CODE	RACE/ETHNICITY - VOLUNTARY

1. **LIST YOURSELF** and all other occupants of the unit, their relationship to you, (if any), ages, and whether they are students. Social security numbers are required for all members of the household except those who do not contend or claim eligible immigration status.

Applicant(s)	Relationship	Birthdate	Social Security #	Student

Please mark which unit size(s) you are applying for: ☐ Studio ☐ 1 Bdrm ☐ 2 Bdrm ☐ 3 Bdrm ☐ 4 Bdrm  
(Please note: you will not be placed on the list for units you are not eligible for.)

- 1A. If you were age 62 or over as of Jan 31, 2010 and do not have a social security number, were you receiving HUD rental assistance at another location on January 31, 2010? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, what was the location? Property Name \_\_\_\_\_ Address \_\_\_\_\_

2. If all the occupants listed above are students, do any of the students file a joint return for federal income tax purposes?  
☐ Yes - (if yes, obtain a copy of their most recent year's tax return) ☐ No ☐ Not Applicable

3. Please answer each of the following questions:

	Yes	No	Annual Amount
Is any member of your household employed full-time, part-time or seasonally? .....	_____	_____	
Does any member of your household expect to work for any period during the next 12 months? .....	_____	_____	
Does any member of your household work for someone who pays them in cash? .....	_____	_____	\$ _____
Is any member of your household on leave of absence from work due to lay-off, medical, maternity or military leave? .....	_____	_____	
Does any member of your household now receive or expect to receive unemployment benefits? .....	_____	_____	
Does any member of your household now receive or expect to receive child support? .....	_____	_____	
Is any member of your household entitled to child support that he/she is not now receiving? .....	_____	_____	
Does any member of your household receive or expect to receive alimony payments? .....	_____	_____	
Is any member of your household entitled to alimony payments that he/she is not now receiving? .....	_____	_____	
Does any member of your household receive or expect to receive welfare assistance? .....	_____	_____	
Does any member of your household receive or expect to receive Social Security or VA benefits? .....	_____	_____	
Does any member of your household receive or expect to receive income from a pension or annuity? .....	_____	_____	\$ _____
Does any member of your household receive regular cash contributions from individuals not living in the unit or from agencies? .....	_____	_____	
Does any member of your household receive income from assets including interest on checking or savings accounts interest and dividends from certificates of deposit, stocks or bonds, or income from the rental of property? .....	_____	_____	
Has your residency/tenancy or government assistance in a subsidized housing program ever been terminated for fraud, non payment of rent, or failure to comply with recertification procedures? .....	_____	_____	



4. Have you, or your spouse/co-applicant, ever been evicted or otherwise involuntarily removed from rental housing?  
☐ Yes ☐ No If Yes, please explain: \_\_\_\_\_
5. Are you, or any member of the household listed on this application, currently charged with, or ever been convicted of, any criminal activity? ☐ Yes ☐ No  
If Yes, describe: \_\_\_\_\_  
A. If YES, was the conviction for a sex crime? ☐ Yes ☐ No  
B. Are you or is any member of your household subject to a lifetime state sex offender registration in ANY state. (Failure to respond to this question may jeopardize the approval of the application) ☐ Yes ☐ No  
C. If Yes, which state? \_\_\_\_\_  
(STATE)  
D. Do you or any member of the household engage in the use or sale of illegal drugs or abuse of controlled substance?  
☐ Yes ☐ No  
E. Are you currently engaged in a pattern of alcohol abuse? ☐ Yes ☐ No
6. Are you or a member of your household disabled? ☐ Yes ☐ No  
(The Fair Housing Act defines disability as a physical or mental impairment that **substantially** limits one or more major life activities. The Supreme Court has determined that to meet this definition a person must have an **impairment that prevents or severely restricts the person from doing activities that are of central importance in most people's daily lives.**)  
6A. Do you or a member of your household, need a unit with accessibility features? ☐ Yes ☐ No  
If Yes, please describe features needed: \_\_\_\_\_
7. Do you have any pets? ☐ Yes ☐ No  
If Yes, what kind? \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_
8. How did you hear about this housing facility? \_\_\_\_\_
9. Do you expect any changes in your income, assets, or expenses during the next twelve months? ☐ Yes ☐ No  
If Yes, please explain (use additional sheet if necessary). \_\_\_\_\_
10. How many vehicles does the family own? \_\_\_\_\_ List make, color, year, license plate number and state for each:  
\_\_\_\_\_  
\_\_\_\_\_
11. If a live-in attendant is required for an elderly, handicapped, or disabled member, please enter the name of the live in attendant and the name and address of the qualified individual who can verify the need for the attendant:  
Name of attendant: \_\_\_\_\_  
Name, Address and Relationship of Person verifying Attendant Need: \_\_\_\_\_
12. How many people live in your household now? \_\_\_\_\_  
Will any of these people live anywhere except the unit you are applying for? ☐ Yes ☐ No  
If Yes, please explain: \_\_\_\_\_  
Will anyone else live in the apartment on either a full-time or part-time basis? ☐ Yes ☐ No  
If Yes, please explain: \_\_\_\_\_  
Do you expect any of the above to change in the future? ☐ Yes ☐ No  
If Yes, please explain: \_\_\_\_\_
13. If you are now renting, who is your landlord? Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Current Rent \$ \_\_\_\_\_ Address: \_\_\_\_\_  
Security Deposit \$ \_\_\_\_\_  
If you are not renting, please explain your current living arrangements: \_\_\_\_\_
14. List your previous addresses for the past 5 years,  

Name of landlord	Address	Phone	Dates you lived there	
			From	To
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

  
A. Please list all states where the applicant and members of the applicant's household have resided. \_\_\_\_\_  
\_\_\_\_\_
15. Have you or your spouse/co-applicant ever used different names from the names given in this application?  
☐ Yes ☐ No If Yes, give name(s) and explain: \_\_\_\_\_
16. Have you or any members of your household ever used social security numbers different from those listed in this application?  
☐ Yes ☐ No If Yes, please explain: \_\_\_\_\_
17. Do you live or have you ever lived in subsidized housing? ☐ Yes ☐ No  
If Yes, where? \_\_\_\_\_  
When? From: \_\_\_\_\_ To: \_\_\_\_\_ Were you evicted? ☐ Yes ☐ No  
If Yes, did you owe rent? ☐ Yes ☐ No If Yes, how much did you owe? \$ \_\_\_\_\_
18. Do you as an individual or your family have either a Section 8 Certificate or Section 8 Voucher? ☐ Yes ☐ No



Complete these pages for each member who will live in the unit who has any income or assets, or who causes any medical, handicap, or child-care expenses. **You do not need to complete these pages for a live-in attendant.** You may photocopy these pages if necessary. For financial information, please write the names and addresses of people who can verify the information you provide. (For example, for employment income, write your employer's address; for a medical expense, write the address of your doctor). Please use an additional sheet of paper to record additional information if there isn't enough room for an entry.

Description of Asset	Date Disposed of	Fair Market Value	Divestiture Costs (e.g., realtor, CD Penalty)	Amount Disposed of	Name and address of Bank, Institution, Real-Estate Agent, or Appraiser who can Verify

Member Name (Last, First, Initial)	Type of Income and Who Pays it	Est. Total Income (Circle 'wk' or 'mo')	Address of Income Source	Contact Person Name and Telephone
		\$ _____ per wk. mo.		
		\$ _____ per wk. mo.		
		\$ _____ per wk. mo.		
		\$ _____ per wk. mo.		

[illegible]

## Applicant Signature and Certification

I/We understand the information in this application will be used to determine eligibility for a unit and that this information will be checked. I/We understand that any false information may make me/us ineligible for a unit.

I/We certify that all information given in this application and in the attached member, financial, and verification forms is true, complete and accurate. I/We understand that if any of this information is false, misleading or incomplete, management may decline my/our application or, if move-in has occurred, terminate my/our Rental Agreement.

I/We freely and voluntarily authorize the investigation of all statements contained in this questionnaire. I/We understand that the company may request an investigative consumer report from a consumer reporting agency. I/We understand that the investigative consumer report may involve personal interviews with my/our neighbors, friends, relatives, former employers, schools and others. I/We also understand that under the Federal Fair credit Reporting Act, I/we have the right to make a written request to the company, within a reasonable time, for the disclosure of the name and address of the consumer reporting agency so that I/we may obtain a complete disclosure of the nature and scope of the investigation.

This authorization is limited to use regarding this facility.

### 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 statements 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 use of information collected based on the consent form. Use of information collected based on this verification form is restricted to the purposes 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 are contained in the \*\*Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).\*\*

### Notification of Nondiscrimination on the Basis of Disability Status:

Retirement Housing Foundation 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.

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).

Stuart Hartman, Vice President of Operations  
911 N. Studebaker Road  
Long Beach, CA 90815  
562-257-5100  
TDD (800) 545-1833 EXT. 359

If this application is for a household of more than one person, we consider ourselves a stable household, and all of our income is available to the household for its needs.

For HUD Subsidized Facilities: I/We also understand that all adult members of the household must sign the HUD required *Consent Form* ("Authorization for Release of Information") before I/we can be offered a unit.

I acknowledge that I am applying for housing at a **NON SMOKING** building.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse or Co-Tenant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Tenant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Tenant

\_\_\_\_\_  
Date



**PLEASE RETURN THIS  
APPLICATION TO:**

**Foundation Property Management  
911 N. Studebaker Road  
Long Beach, CA 90815-4900**



RHF OC12 (12/16)



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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Emergency  <input type="checkbox"/> Unable to contact you  <input type="checkbox"/> Termination of rental assistance  <input type="checkbox"/> Eviction from unit  <input type="checkbox"/> Late payment of rent </div> <div style="width: 45%;"> <input type="checkbox"/> Assist with Recertification Process  <input type="checkbox"/> Change in lease terms  <input type="checkbox"/> Change in house rules  <input type="checkbox"/> Other: _____ </div> </div>	
<b>Commitment of Housing Authority or 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.	
<b>Legal Notification:</b> 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.

**Race and Ethnic Data  
Reporting Form**U.S. Department of Housing and  
Urban Development

OMB Approval No. 2535-0113

Expiration Date: 06/30/2026

HUD Program Title:

Grantee/Recipient UEI:

Grantee/Recipient Name:

Grantee Reporting Organization:

Reporting Period From: (mm/dd/yyyy)

Reporting Period To: (mm/dd/yyyy)

Racial Categories	Total Number of Race Responses	Total Number of Hispanic or Latino Responses
American Indian or Alaska Native		
Asian		
Black or African American		
Native Hawaiian or Other Pacific Islander		
White		
American Indian or Alaska Native <i>and</i> White		
Asian <i>and</i> White		
Black or African American <i>and</i> White		
American Indian or Alaska Native <i>and</i> Black or African American		
* Other multiple race combinations greater than one percent: [Per the form instructions, write in a description using the box on the right]		
Balance of individuals reporting more than one race		
<b>Total:</b>		
* If the aggregate count of any reported multiple race combination that is not listed above exceeds 1% of the total population being reported, you should separately indicate the combination. See detailed instructions under "Other multiple race combinations."		

**Public Reporting Burden Statement:** This collection of information is estimated to average 0.50 hours 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 the requested information. Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to: U.S. Department of Housing and Urban Development, Office of the Chief Data Officer, R, 451 7th St SW, Room 8210, Washington, DC 20410-5000. Do not send completed forms to this address. HUD may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid OMB control number. HUD is authorized to collect this information under the authority cited in the Notice of Funding Opportunity (NOFO) for the relevant financial assistance program. This information is required to obtain the benefit sought in the grant program. This information will not be held confidential and may be made available to the public in accordance with the Freedom of Information Act (5 U.S.C. §552).

## Instructions for the Race and Ethnic Data Reporting form (HUD-27061)

### A. General Instructions:

This form is intended to be used by two categories of respondents: (1) applicants requesting funding from the Department of Housing and Urban Development (HUD); and (2) organizations who receive HUD Federal financial assistance that are required to report race and ethnic information.

In compliance with OMB direction to revise the standards for collection of racial data, HUD has revised its standards as depicted on this form. The revised standards are designed to acknowledge the growing diversity of the U.S. population. Using the revised standards, HUD offers organizations that are responding to HUD data requests for racial information, the option of selecting one or more of nine racial categories to identify the racial demographics of the individuals and/or the communities they serve or are proposing to serve. HUD's collection of racial data treats ethnicity as a separate category from race and has changed the terminology for certain racial and ethnic groups from the way it has been requested in the past using two distinct ethnic categories. The revised definitions of ethnicity and race have been standardized across the Federal government and are provided below.

1. The two ethnic categories as revised by the Office of Management and Budget (OMB) are defined below.

**Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."

**Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories as revised by the Office of Management and Budget are defined below:

**American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

**Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**Black or African American.** A person having origins in any of the black racial groups of Africa. A term such as "Haitian" can be used in addition to "Black" or "African American."

**Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

**Note:** The information required to be reported may be collected and submitted to HUD via the use of this form or by other means, such as summary reports or via electronic reporting mechanisms. The primary goal is a consistent manner of summarizing, across all HUD programs, the racial and ethnic data of the population(s) served or proposed to be served by your organization.

## B. Specific Instructions for Completing the Form:

Organizations using this form should collect the individual responses from the community of individuals you intend to serve or those that you are serving, as applicable. After the individual collections are gathered, you should report (via this form or by the use of other means such as electronic reports that provide the summary data required by this form) the aggregate totals of the racial and ethnic data that you collect via the applicable categories as described below:

**Total Number of Racial Responses:** Under this column you should indicate the total number of responses collected in the blocks next to the applicable categories.

**Total Number of Hispanic or Latino Responses:** Under this column you should indicate the total number of responses collected in the blocks next to the applicable racial categories (e.g., you would enter the total number of Asian respondents that indicated they are Hispanic or Latino). When collecting this information from beneficiaries of the Federal financial assistance all respondents should be required to indicate their ethnic category, which requires either a “yes” or “no” response.

**Other Multiple Race Combinations:** Next to this racial category, indicate all racial categories (if any) identified by respondents that do not fit one of the five single race categories or four double race combinations above, and which have a total count that exceeds one percent of the total population being reported. You must identify each such racial combination, including the actual count, the percentage of the total population (in parenthesis), and the actual Hispanic or Latino count.

For example, if you obtain data that indicates the total population served is 200 and includes 10 Native Hawaiian or Other Pacific Islander and White and 12 Native Hawaiian or Other Pacific Islander and Asian, and those numbers (of Native Hawaiian or Other Pacific Islander and White and Native Hawaiian or Other Pacific Islander and Asian) each equates to more than one percent of the total population being served, and 2 of the Native Hawaiian or Other Pacific Islander and White indicate they belong to the Hispanic/Latino ethnic category and 3 of the Native Hawaiian or Other Pacific Islander and Asian indicate they belong to the Hispanic/Latino ethnic category, you should complete the form as follows:

Racial Categories	Total Number of Race Responses	Total Number of Hispanic or Latino Responses
* Other multiple race combinations: [Per the form instruction, write in a description using the box on the right]	Native Hawaiian or Other Pacific Islander AND White 10 (5%)	2
	Native Hawaiian or Other Pacific Islander AND Asian 12 (6%)	3

How the percentage should apply will vary by program depending on whether the program is required to provide data on the total community, or on the beneficiaries/individuals served or proposed to be served.

**Balance of individuals reporting more than one race:** This block is intended to capture the balance of any racial categories that are not included in the list of nine above and are not included under “Other multiple race combinations greater than one percent.” Indicate the total number of all racial categories reported that do not fit the nine racial categories above, and do not equate to one percent of the total population being reported. Be sure to also indicate the total number of all related Hispanic or Latino responses.

**Total:** On the last row of the form, you should indicate the aggregate totals of all the information you gathered including the total of all racial categories and the total of all the Hispanic or Latino categories.