



295 Main St Suite 100  
Salinas, Ca 93901  
831-757-6254 TDD Line 831-758-9481

## GENERAL INFORMATION AND APPLICATION

### How to get on the Waiting List:

1. The attached application must be completed to be placed on the waiting list. Application must be mailed to the property directly.
2. CHISPA Housing Management will send you an Acknowledgement of Receipt letter informing you of your waiting list number within two weeks of submission of your application. All future correspondence will reference this waiting list number.
3. It is very important to submit in writing any changes such as new address, telephone number, or any other information to the office. Keep in mind that all correspondence will be mailed to the most current address listed or noted on your application.

### What happens when a unit becomes available?

1. CHISPA Housing Management will mail you a Unit Available Letter informing you of a future vacancy and deadline to submit a completed initial application.
2. You will have ten days to submit a complete application and supporting documents. If you not interested but wish to remain on the waiting list you must contact the office by the deadline stated in the letter. Applicants who do not respond will be dropped from the waiting list.
3. Your application will be processed by CHISPA Housing Management to ensure that your household meets both income and program eligibility.
4. All sources of income and assets will be third party verified by CHISPA Housing Management.
5. A Credit report will be completed on all adult household members – Any unmet credit problems or state/Federal lien in excess of \$500 or a bankruptcy within the last five years may be grounds for denial.
6. Criminal Background Check will be completed on all adult household members – Reasons that may constitute grounds for denying the application includes:
  - i. Felony conviction within the last five years.
  - ii. Felony conviction involving crime that would endanger people or property including but not limited to murder, sexual assault, arson, etc. – **No time limit**
  - iii. Drug convictions including drug manufacturing/sales within the last five years.
  - iv. Drug convictions for the use of drugs within the past five years in which the applicant cannot verify that he/she successfully completed a drug rehabilitation program and is not a current drug user.
  - v. Sex Offender Registration check for all HUD Developments
7. CHISPA Housing Management will review your rental history for the past five years. Any judgment(s) and/or any unmet obligation against an applicant obtained by the current or previous landlord or any adverse previous and/or current landlord reference.
8. Your household must meet the Program's Funding Regulations such as the income limits and any other program regulation which may apply.
9. Other Selection Criteria may apply.
10. A written offer to rent will be mailed to the Applicants when the application process is completed and household meets all the program(s) requirements.







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Date/Time \_\_\_\_\_  
App. Rcv'd \_\_\_\_\_

**APPLICATION FOR ADMISSION  
FOR USDA PROPERTIES ONLY**

App.#: \_\_\_\_\_

**PART I. APPLICANT INFORMATION**

**To the applicant:** Please fill out this form completely. Any incomplete pre-applications will not be processed. This pre-application will be used to determine whether you are eligible for occupancy. This is a preliminary application and gives no lease or rental rights. If there is a vacancy in this apartment complex for which you are eligible, you will be required to complete an initial application and submit additional information necessary to be considered for the vacancy. **\*\*ALL Applications need to be accompanied with a copy of the most recent taxes for ALL adults.**

Which apartment are you applying for please check the box and unit size you like to be considered for:  2 BRD  3 BRD  4 BRD

Loma El Paraíso  
522 Roosevelt St,  
Salinas, CA 93905  
(831)-796-0140

Jardines De Soledad  
501 Andalucía Dr. #51  
Soledad Ca 93960  
(831) 678-1776

Soledad TownHomes  
438 Benito St. #35  
Soledad, CA 93960  
(831) 678-0528

Name of Head of Household: \_\_\_\_\_  
(First Name) (Middle Name) (Last Name)

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Message: \_\_\_\_\_

Email Address: \_\_\_\_\_ Name Linked to Email: \_\_\_\_\_

Are you or any household member related to any CHISPA/CHMI employee? (Circle one) Yes No

Are you or any household member related to anyone currently residing at CHISPA Housing? Yes No

If so, who is that person? \_\_\_\_\_ Relation? \_\_\_\_\_ Location? \_\_\_\_\_

Have you or any household member been convicted of a crime (felony/misdemeanor), or entered a plea of guilty/no contest to a crime?

Yes No If yes, state when, where, and the nature of such conviction: \_\_\_\_\_

How did you hear about us?  Newspaper Advertisement  Radio  Web Search  Relative or Friend  Walk-In  Other

**HOUSEHOLD COMPOSITION:**

Please indicate below the number of household members anticipated to reside in the units within the next twelve months.

Adults Full Legal Name (18 years old or over)	Date of Birth	Relationship to Head of Household	Yearly Income	Source of Income	Student Status?
1.		Head of House Hold			<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A
2.					<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A
3.					<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A
4.					<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A
Children under 18 years old (name as it appears on Social Security card)	Date of Birth	Relationship to Head of Household	Yearly Income	Source of Income	Student Status?
1.					<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A
2.					<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A
3.					<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A
4.					<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A

5.					Yes	No
6.					Yes	No

1. Qualifying household member meets the definition of farm worker/agriculture definition as defined by USDA Program. <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Qualifying household member earns the minimum of <b>\$5752.50</b> annually in farm worker. <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Qualifying household member is a citizen or permanent resident of the United States. <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Qualifying household member, please check the one that applies: <input type="checkbox"/> Active Farm worker <input type="checkbox"/> Disabled Farm worker (local area) <input type="checkbox"/> Retired Farm worker (local area) <input type="checkbox"/> Disabled Farm worker (outside local area) <input type="checkbox"/> Retired Farm worker (outside local area)
5. If one or more members of your household has mobility impairment and would like to be housed in a unit designed for use by a person with mobility impairment check the box: <input type="checkbox"/>
6. Did you complete the optional <b>Race &amp; Ethnicity Data Collection form?</b> (see attached form) <input type="checkbox"/> Yes <input type="checkbox"/> No

**PART II HOUSEHOLD INCOME, ASSETS, AND SUBSIDIES**

**INCOME:**

Indicate below income received from all sources by all members of the household. **Sources may include employment, social security, and aid to families with dependent children, alimony and child support, pensions, interest and dividends, disability, welfare, retirement benefits, IRA distributions, unemployment benefits.** Show amount on an annual basis.

Recipients of Income	Source of Income	Annual Income
		\$
		\$
		\$
		\$
<b>Total Household's Estimated Annual Income</b>		\$

**ASSETS:**

Indicate below the total estimate value of all net household assets for all members, including minors, of the household. Assets mean the value of equity in real property such as **savings, stocks bonds, IRA, Certificates of Deposit ect. Real state, inheritances ect. and other forms of capital investment.** Do not include personal automobiles or furniture.

Type of Account or Asset:	Account Balance or Value of Asset	Annual Income
		\$
		\$
		\$
<b>Total Household's Assets</b>		\$

**MEDICAL EXPENSES:**

Indicate below if you have any medical expenses for any member of the household. **Sources may include copayments Medicare prescriptions and Doctor' visits**

Doctor's Name	Address	Medical Expenses
		\$
		\$
<b>Total Household's Medical Expenses</b>		\$

**CHILD CARE EXPENSES:**

Indicate below if you have any childcare expenses.

Providers Name	Address	Child Care Expenses
		\$
		\$
<b>Total Household's Child Care Expenses</b>		\$

**Landlord References** CHISPA Housing Management conducts a landlord reference check for all applicant households. Please complete the following information for all locations you have lived in for the past three (3) years:

**Current Address Information**

Current street address, city, State, Zip Code: \_\_\_\_\_  
Lived there from: \_\_\_\_\_ to \_\_\_\_\_  
# of bedrooms: \_\_\_\_\_ Monthly Rent: \_\_\_\_\_  
Reason for moving: \_\_\_\_\_  
Current Landlord's name, address and phone #: \_\_\_\_\_

**Previous Landlord Information**

Street address, city, State, Zip Code: \_\_\_\_\_  
Lived there from: \_\_\_\_\_ to \_\_\_\_\_  
# of bedrooms: \_\_\_\_\_ Monthly Rent: \_\_\_\_\_  
Reason for moving: \_\_\_\_\_  
Previous Landlord's name, address and phone #: \_\_\_\_\_

Street address, city, State, Zip Code: \_\_\_\_\_  
Lived there from: \_\_\_\_\_ to \_\_\_\_\_  
# of bedrooms: \_\_\_\_\_ Monthly Rent: \_\_\_\_\_  
Reason for moving: \_\_\_\_\_  
Previous Landlord's name, address and phone #: \_\_\_\_\_

**PART III. CERTIFICATION AND AUTHORIZATION OF ALL ADULT HOUSEHOLD MEMBERS:**

**By signing this application you agree and Authorized CHISPA Housing Management Inc. (CHMI) to obtain a Credit Report/Unlawful Detained Report and a Criminal Background report from NCR (National Credit Reporting), NTN (National Tenant Network) for each adult member of all applicant households. Your signature(s) on this application will be our record of your permission to such inquiries. By signing you further agree that the fees collected from you for this purposes are Non-Refundable.**

**By signing this application you agree and Authorized USDA Rural Development to conducting a wage and benefit matching to reduce fraud, waste and abuse in federal program.**

I do hereby swear and attest that all of the information above about me is true and correct. I also understand that I am to report any changes in this information and changes in the income of any member of the household as well as changes in the household size must be reported to Management in writing immediately:

I/We certify that the information and statements given on this Application are true and complete to the best of my/our knowledge and belief. I/We understand that I/we can be fined up to \$10,000 or be imprisoned for up to five years if I/we furnish false information. I/we hereby authorize CHISPA Housing Management to make inquiries for the purpose of verifying the information and statements given in the Application. Providing false information is also grounds for immediate rejection of the application and/or termination of any lease/rental contract.

**SIGNATURES:**

Applicant \_\_\_\_\_ Date: \_\_\_\_\_  
Applicant \_\_\_\_\_ Date: \_\_\_\_\_  
Applicant \_\_\_\_\_ Date: \_\_\_\_\_  
Applicant \_\_\_\_\_ Date: \_\_\_\_\_

**PENALTIES FOR MISUSING THIS VERIFICATION FORM**

**WARNING!** CHISPA Housing Management reserves the right to deny or terminate assistance to applicants and/or residents in all assisted housing programs if family members engage in drug related criminal activities or in violent criminal activities. The standard of proof is a preponderance of evidence.

**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. 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 this verification form is restricted to the purposes cited above. 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). Violations of these provisions are cited as violations of 42 U.S.C. 408 f, g and h.

**Section 504: CHISPA Housing Management will make reasonable efforts to accommodate persons with disabilities. If you require special accommodations, please call CHISPA Housing Management at (831) 757-6254 at least 3 days in advance in accordance with the Rehabilitation Act 1973.**

The U.S. Department of Agriculture (USDA) and CHISPA Housing Management prohibit discrimination in all USDA programs and activities on the basis of race, color, national origin, sex, religion, age, or disability. "USDA is an equal opportunity provider and employer. If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.D. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov)".



