



HOUSING MANAGEMENT, INC.

295 Main St Suite 100

Salinas, CA 93901

Phone #: 831-757-6254 TDD Line 831-758-9481

Fax#: 831-757-8025

Email: info@chispahousing.org

GENERAL INFORMATION AND PRE-APPLICATION

How to get on the Waiting List:

1. The attached application must be completed to be placed on the waiting list.
2. 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 completed initial 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 initial 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.
 - 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
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 might result in the denial of housing.
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. Your file will be reviewed once all documents have been received. If your files is approved or denied you will be informed by the Resident Manager.



VALID FOR LA GLORIA SENIOR ONLY
STARTING 10/10/2023



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

Date/Time
App. Rcv'd

Preliminary Application for
Waiting List
La Gloria Senior Apartments ONLY

App.#:

PART I. APPLICANT INFORMATION

To the applicant: Please fill out this form completely. Any incomplete application will not be processed. This 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.

NOTICE: You are required to notify Chispa Housing (In Writing) of any changes of Address. If we cannot Contact you at the listed Address or phone number your name will be removed from the waiting list.

Which apartment are you applying for and unit size please check the box: 1BRD

La Gloria
539 E. Market Street
Salinas, CA 93905
831-424-3630

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? (Mark the box) 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: _____

HOUSEHOLD COMPOSITION:

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

Head of Household & Spouse	Date of Birth	Relationship to Head of Household	AGE	SEX Mark a box
1.		Head of Household		<input type="checkbox"/> F=Female <input type="checkbox"/> M=Male
2.				<input type="checkbox"/> F=Female <input type="checkbox"/> M=Male

1. All household members are 62 years of age or over? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. 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"/>
3. For accommodation purposes do you claim the following? <input type="checkbox"/> 1. Mobility Impairment <input type="checkbox"/> 2. Hearing Impairment <input type="checkbox"/> 3. Sight Impairment
4. Have you ever violated a previous family obligation with HUD Program? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you or any household member been convicted of a crime (felony/misdemeanor), or entered a plea of guilty/no contest to a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state when, where, and the nature of such conviction: _____
6. How did you hear about the property? <input type="checkbox"/> Advertising <input type="checkbox"/> Friend <input type="checkbox"/> Agency <input type="checkbox"/> Web Search <input type="checkbox"/> Walk-In <input type="checkbox"/> Other: _____
7. Are any of the household members a full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No

VOLUNTARY RACE AND ETHNIC DATA QUESTIONNAIRE

The following information will help ensure our compliance with Federal Fair Housing regulations; this portion of the application is **optional**:

<i>Ethnic Categories*</i>	Select One
Hispanic or Latino	
Non-Hispanic or Latino	
<i>Racial Categories*</i>	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
2 or more races	

Decline to state: _____

All adult members of the household must sign this preliminary application.

Signature of Applicant

Date

Signature of Applicant

Date