



295 Main St Suite
Salinas, CA 93901

Phone: 831-757-6254 Fax: 831-757-8025

TDD Line: 831-758-9481 email: info@chispahousing.org

NOTICE: Please note that all correspondence will be sent to the most up-to-date address on file. Therefore, it is important to submit any changes, such as a new address, telephone number, or other important information, to the office in writing.

GENERAL INFORMATION AND PRE-APPLICATION

How to get on the Waiting List:

1. Complete the attached application in full to be placed on the waiting list for your selected property/properties.
2. Submit the completed application to either the main office (at the address listed above) or directly to the property you are applying for.
3. If you submit the application at the property, the manager will forward it to the main office to be added to the waiting list.

What happens when a unit becomes available?

1. A CHISPA Housing Management Resident Manager will call you to the telephone number provided. If you cannot be reached by phone a Unit Available Letter informing you of a future vacancy will be sent to your address on file. The letter will state that you must call the property to schedule an appointment for processing.
2. You will be scheduled for a processing appointment with the Resident Manager at the property you applied for.
3. Applicants that do not show up for their appointments or do not contact the property to schedule an appointment will be removed from the wait list.
4. Prior to your appointment the Resident Manager will provide you with a list of documents to bring into your appointment.
5. All sources of income and assets will be third party verified by CHISPA Housing Management.
6. All adult applicants must pay a screening fee of either \$25 or \$40 per adult, depending on the property applied for, to cover the cost of a credit and criminal background check. Screening fees are not refundable if an applicant is denied for not meeting the criteria.
7. A credit report will be conducted for all adult household members. Application may be denied if there are unresolved credit issues, state or federal liens exceeding \$500, or bankruptcy within the past five years.
8. Criminal Background Check will be completed on all adult household members – Some reasons that may constitute grounds for denying the application include:
 - a. A felony conviction within the last five years.
 - b. A felony conviction involving crime that would endanger people or property including but not limited to murder, sexual assault, arson, etc.
 - c. Drug convictions including drug manufacturing/sales within the last five years.
 - d. 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.
 - e. Is registered as a sex offender



9. 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.
10. Your household must meet the Program's Funding Regulations, for the specific property you are being processed for, such as the income limits and any other program regulation which may apply.
11. Other Selection Criteria may apply.
12. Your file will be reviewed once all documents have been received.
13. Multiple applications for the available unit are being processed at the same time your application is being processed.
14. Only completed applications are considered, and processed on a first-come, first-qualified, first-granted basis.
15. The first applicant who meets CHISPA Housing Management and Program Funding regulations will be offered the unit.





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

Date/Time
App. Rcv'd

Preliminary Application for Senior Waiting List

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 2BRD (For Sherwood Only)

<input type="checkbox"/> La Gloria 539 E. Market Street Salinas, CA 93905 831-424-3630	<input type="checkbox"/> Sherwood Village 808 N. Main Street Salinas, CA 93901 831-783-1485	<input type="checkbox"/> Los Abuelitos** 528 E. Market Street Salinas, CA 93905 831-757-1283
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****Please note: Some units at this property require someone in the household to work or be retired from agriculture.**

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: _____

Are you or someone in your household who is applying for housing currently working in Agriculture? Yes No

Did you or someone in your household who is applying for housing retire from working in Agriculture? Yes No

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	Driver's License Number	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 (62 years of age only required by La Gloria and Los Abuelitos and 55 years of age for Sherwood Village)
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

