

# MHSA Housing Certification Application

Section 1. Applicant Information	FOR OFFICE USE ONLY
----------------------------------	---------------------

Last Name	First Name	Date Received ____/____/____ <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date ____/____/____	Initials _____
(     ) Phone Number/Message Number	/     / Date of Birth	/     / Social Security Number	/     / Date
Mailing Address (Address Where Mail Can Be Received)		City	Zip Code

## Section 2. MHSA Eligibility Criteria (check all that apply)

Adult or older adult with a serious mental illness (as defined in Welfare and Institutions Code 5600.3)

Current mental health service provider: \_\_\_\_\_

## Section 3. Homeless or At Risk of Homelessness Status (check all that apply)

Length of most recent episode of homelessness: \_\_\_\_\_

<input type="checkbox"/> Living on the streets	<input type="checkbox"/> Living in an overcrowded setting in which you do not hold a lease
<input type="checkbox"/> Living in an emergency shelter or in transitional housing	<input type="checkbox"/> Living in substandard housing subject to an official notice to vacate
<input type="checkbox"/> Living in an institutional setting (e.g. jail, juvenile hall/camp, psychiatric hospital or Institute of Mental Disease) and will be homeless upon release	<input type="checkbox"/> Living in motels, hotels, trailer parks or camp grounds
<input type="checkbox"/> Lacking a fixed, regular and adequate nighttime residence	<input type="checkbox"/> Victim of domestic violence who is unable to obtain housing
<input type="checkbox"/> Temporarily living in a residential care facility	<input type="checkbox"/> TAY exiting child welfare/juvenile justice system
<input type="checkbox"/> Facing eviction and unable to identify a new residence	<input type="checkbox"/> Other (please explain): _____

## Section 4. Income

Sources (check all that apply):	Benefit Establishment Status (if applicable):
<input type="checkbox"/> SSI <input type="checkbox"/> VA <input type="checkbox"/> Unemployment <input type="checkbox"/> SSDI <input type="checkbox"/> Social Security <input type="checkbox"/> None <input type="checkbox"/> SDI <input type="checkbox"/> CalWORKs <input type="checkbox"/> Other (list below): _____ <input type="checkbox"/> GA/GR <input type="checkbox"/> Wages/salary    _____	Type of benefit: _____ Date Application Submitted ____/____/____    ___ Pending ___ Denied ___ Appealed Type of benefit: _____ Date Application Submitted ____/____/____    ___ Pending ___ Denied ___ Appealed

## Section 5. Household Size

**(attach additional page if necessary)**

1 person     2 people     3 people     4 people     Other \_\_\_\_\_

If more than one person is checked above, complete the following:

Name:	Name:	Name:
Relationship:	Relationship:	Relationship:
Date of Birth:	Date of Birth:	Date of Birth:
Age:	Age:	Age:

This confidential information is provided to you in accordance with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions Codes, Civil Codes and Health Insurance Portability and Accountability Act (HIPAA) Privacy Standards. Duplication of this information for further disclosure is prohibited without the prior written authorization of the client/authorized representative to whom it pertains unless otherwise permitted by law.

--	--	--	--

Applicant Signature	Date	Signature of Representative (if any), Relationship to Applicant	Date
---------------------	------	---	------

Send to: El Dorado County, Health & Human Services Agency - MHSA Housing, 768 Pleasant Valley Rd., Ste. 201 Diamond Springs, CA 95619



**El Dorado County Health & Human Services Agency**

**Authorization to Use/Disclose Protected Health Information**

**Person/Organization Authorized to PROVIDE Information:**

**El Dorado County Health & Human Services Agency, Behavioral Health Division**

**768 Pleasant Valley Road, Suite 201 Diamond Springs, CA 95619**

**(530) 621-6290**

**FAX:**

**Person/Organization Authorized to RECEIVE Information:**

**Name: Mercy Housing Management Group / California / California 55**

**4050 Sunset Lane**

**Shingle Springs, CA**

**95682**

Address

City, State

Zip Code

**Phone: (530) 387-4243**

**FAX:**

**Patient/Client Information:**

**Last Name**

**First Name**

**Birth Date**

Address

City, State

Zip Code

**Information to be Disclosed/Used:**

**Medical Information**

**HIV Test Information**

**General Health Information**

**Alcohol/Drug Information**

**Mental Health Information**

**Other—specify, include any dates:**

(continued on page 2)





For Office Use Only

Date Received: \_\_\_\_\_  
 Time Received: \_\_\_\_\_  
 Received by: \_\_\_\_\_  
 Original     Updated     Add-on  
**If updated, use original date and time stamps.**

HOH Name : \_\_\_\_\_  
*Use to link multiple apps due to add'l adults*

**MERCY HOUSING MANAGEMENT  
HOUSING APPLICATION**

PROPERTY NAME:           Trailside Terrace Apartments           PROPERTY TELEPHONE #           530-387-4243          

**NOTICE:**    *Discrimination Prohibited: The landlord will not discriminate based upon race, color, religion, creed, national origin, sex, age, familial status, or disability. In addition, our housing programs are open to all eligible persons regardless of sexual orientation, gender identity, marital status, and ancestry. Anyone who wishes to be admitted to the property or placed on a property's waiting list must complete an application. In addition to providing applicants the opportunity to complete applications at the project site, owners may also send out and receive applications by mail. Owners shall accommodate persons with disabilities who, as a result of their disabilities, cannot utilize the owner's preferred application process by providing alternative methods of taking applications.*

The information you provide on this application will be treated as confidential. This application gives no lease or rental rights. It includes both information necessary for determining your eligibility for housing and information required for statistical purposes. If you and your household appear to be eligible, you will need to submit additional information to complete the processing of this application. **All information you provide will be verified by Mercy Housing Management Group.** Incomplete and/or falsified information will cause the application to be denied and not processed.

It is the policy of Mercy-managed properties to take reasonable steps to provide meaningful access to limited English proficient (LEP) individuals applying or residents at our apartment communities, or otherwise encountering our property's facilities, programs, and activities. The policy is to ensure that language will not prevent staff from communicating effectively with LEP residents, applicants, and others to ensure safe and orderly operations, and that limited English proficiency will not prevent applicants from participating in the application process, or residents from accessing important programs and information, understanding rules and regulations, and participating in meetings, events or activities.

**MARKETING:**

Please let us know how you heard of us:

Newspaper Ad     Drove by     Resident Referral     Web Site     Other: \_\_\_\_\_

*Please provide the following information for all persons that will live in the household  
ALL AREAS MUST BE COMPLETED IN ITS ENTIRETY*

Date of Application: _____	Unit Size Needed: _____
Applicant Name: _____	Applicant Name: _____
**Applicant SS#: _____	**Applicant SS#: _____
Applicant Date of Birth: _____	Applicant Date of Birth: _____
Gender*: _____	Gender*: _____
Applicant Race*: _____ Ethnicity*: _____	Applicant Race*: _____ Ethnicity*: _____
*Race Options: American Indian/Alaska Native    Asian    African American/Black    Native Hawaiian/Other Pacific Islander    White    Other: _____	
*Ethnicity Options: Hispanic/Latino    or    Non-Hispanic/Latino	

\*This information is requested by the apartment owner in order to assure the Federal Government, acting through federal, State and local agencies that Federal Laws prohibiting discrimination against resident applicants. **You are not required to furnish this information, but are encouraged to do so.** This information will not be used in evaluating your application or to discriminate against you in any way.

\*\*Not Required: Information from applicants who do not contend eligible immigration status, who were age 62 or older as of January 31, 2010, and who do not have a SSN, if they were receiving HUD rental assistance at another location on January 31, 2010.

X \_\_\_\_\_  
I decline to provide my race and ethnicity data or Gender

X \_\_\_\_\_  
I decline to provide my Race and Ethnicity data or Gender

**General Information:** Please complete each field below. Answer each question as completely as possible. Enter N/A for all blank fields.

<b>GENERAL INFORMATION</b>		
	<u>Applicant</u>	<u>Applicant</u>
Full Name (First, Middle, Last):		
Mailing Address:		
City, State, Zip:		
County:		
Home Phone:		
Work Phone:		
Alternate Phone:		
Email:		
*Marital Status (circle one): *You are not required to furnish this information, but are encouraged to do so.	Single, Separated: as of _____, Married, Divorced: as of _____, Widowed	Single, Separated: as of _____, Married, Divorced: as of _____, Widowed

<u>Applicant</u>	<u>Applicant</u>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a student enrolled in an institute of higher education?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are all household members U.S. Citizens? (N/A for PRAC 202/811 & Tax Credit)
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you anticipate a change in household composition (i.e., addition of adult household member, household member moving out, birth or adoption of child, etc.) in the next twelve months? Explain: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you or any household member disposed of, sold, donated, or gifted any assets (including cash) for less than fair market value during the last two (2) years? Explain: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of a felony or do you have a criminal history? If yes, when and what were the circumstances? _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you or any household member currently engage in the illegal use of drugs or your/their behavior from this illegal use interferes with the health, safety, and right to peaceful enjoyment of the property by other residents?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been evicted in the last three years from federally-assisted housing for drug-related criminal activity?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you or anyone in your household's behavior, from abuse or pattern of abuse of alcohol, interfered with the health, safety, and right to peaceful enjoyment by other residents?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has your 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?
<input type="checkbox"/> Yes <input type="checkbox"/> No Offender's	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you or anyone in your household subject to a Nationwide State lifetime Sexual Registration in any State?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Will this apartment be your sole place of residency?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been involuntarily displaced by Government Action or Natural Disaster?

Yes  No

Yes  No

Are you a U.S. Veteran and/or in Active Duty? (Optional)

Yes  No

Yes  No

Do you have an existing Section 8 voucher?

**Employment Status:**

Please answer each applicable question if you are currently employed or have been employed within the last year. Enter N/A for fields that do not apply. If you have been unemployed over the last year or have never worked, enter N/A in ALL fields.

<b>EMPLOYMENT STATUS</b>		
	<u>Applicant</u>	<u>Applicant</u>
Are you currently employed? If yes, where?		
If employed, what is your occupation?		
If employed, list current wage and frequency:		
If unemployed within last year, enter last day worked. Otherwise enter N/A.		
If unemployed, did you receive layoff notice?		
Are you receiving unemployment benefits?		
If unemployed, have you received any employment income in the past 12 months? If yes, from what source(s)?		
If unemployed, why?(IDAHO only) Otherwise, enter N/A here:		

**Income/Cash Benefits:**

Please enter dollar amounts as estimated GROSS monthly figures for all sources of income. Please round your figures to the nearest dollar amount. For income that does not apply, enter zero (0) in each field. Do not use N/A in this section.

<b>INCOME/CASH BENEFITS</b>		
	<u>Applicant</u>	<u>Applicant</u>
Alimony	\$ _____	\$ _____
Business/Self-Employment - NET	\$ _____	\$ _____
Child Support Income	\$ _____	\$ _____
Employment Wage Earnings	\$ _____	\$ _____
Pension Income	\$ _____	\$ _____
Recurring Assistance from Others	\$ _____	\$ _____
Retirement Income	\$ _____	\$ _____
School Financial Assistance	\$ _____	\$ _____
Social Security Benefits	\$ _____	\$ _____
SSI Benefits	\$ _____	\$ _____
TANF/AFDC/Monetary Public Assistance	\$ _____	\$ _____
Tribal per Capita Income	\$ _____	\$ _____
Unearned Income for Members Under 18	\$ _____	\$ _____
Unemployment Benefits	\$ _____	\$ _____
Veterans Benefits	\$ _____	\$ _____
Other Income	\$ _____	\$ _____
<b>TOTAL MONTHLY INCOME</b>	<b>\$ _____</b>	<b>\$ _____</b>

**Assets:**

List each household member (including minors) & indicate assets held for each member in the asset table below. \*Type of assets to include: checking, savings, money market, house, land, stocks, bonds, certificates of deposit, retirement, pension funds, insurance policies, trusts, annuities, pay cards, prepaid debit cards, cash or other forms of capital investments. DO NOT LIST THE VALUE OF PERSONAL AUTOMOBILES OR HOUSEHOLD FURNISHINGS. [NOTE: Each member must be listed. Enter member name in designated field followed by "None" in the Type of Asset field for those who do not have any. Otherwise, list assets held per member & value]

<b>HOUSEHOLD ASSETS</b>		
<u>Household Member's Name</u>	<u>Type of Asset*</u>	<u>Value (\$)</u>

**Household Composition:**

In the table below, list the additional household members who will reside in the household not already listed on page 1 or on an additional application. Include total number of household members in field at bottom of table to include members who may be listed on an additional application. Please also include any "unborn" children.

<b>HOUSEHOLD COMPOSITION</b>									
<u>Name (First/Last)</u>	<u>*Gender M/F</u>	<u>Birth date</u>	<u>Age</u>	<u>Grade in School</u>	<u>Do you have full custody?</u>	<u>If not, list percent age of custody</u>	<u>**Social Security Number regardless of age</u>	<u>*Race (See Pg 1)</u>	<u>*Ethnicity (See Pg 1)</u>
a.									
b.									
c.									
d.									
e.									
f.									

<b>Total # of HH Members</b>	
<b>Include Members on page one</b>	

Household Member #: a. \_\_\_\_\_, b. \_\_\_\_\_, c. \_\_\_\_\_, d. \_\_\_\_\_, e. \_\_\_\_\_, f. \_\_\_\_\_

\*I decline to provide my Gender, Race and Ethnicity data (Each Household Member has the option to sign above if they're declining to provide this information.)

\*\*Not Required: Information from applicants who do not contend eligible immigration status, who were age 62 or older as of January 31, 2010, and who do not have a SSN, if they were receiving HUD rental assistance at another location on January 31, 2010.

**Special Needs (Optional):**

Please answer the following questions.

Are you or another household member disabled?  Yes  No

Do you or a household member require a special accommodation in your unit or need accessible features in the unit?

Yes  No

**Special Needs (Optional) Continued:**

If yes, select applicable accessibility needs below:

	<u>Accommodation</u>
	Wheelchair Accessible
	Walker/Cane Accessible
	Other Mobility Impairment Accessible
	Other Vision Impairment Accessible
	Other Hearing Impairment Accessible
	Other Permanent Disability Accessible
	Accessible Parking Space
	Live-in Attendant

If attendant is needed, please give name of attendant & ordering physician:

\_\_\_\_\_  
Name of Live-in Attendant

\_\_\_\_\_  
Name and Phone Number of Physician

**Emergency Contact (Optional):**

Please list the name and phone number of the person we should contact if we cannot reach you in the event of an emergency.

\_\_\_\_\_  
First/Last Name

\_\_\_\_\_  
Phone Number

**Expenses (HUD-assisted units only):**

Please enter dollar amount as *estimated monthly* figure for *all applicable expenses*. For fields that do not apply, enter zero (0). Do not use N/A in this section.

<b>EXPENSES</b>	<u>Applicant</u>	<u>Applicant</u>
Caregiver/Caregiver Duties	\$ _____	\$ _____
Child Care	\$ _____	\$ _____
Companion Animal Related	\$ _____	\$ _____
Dependent Care	\$ _____	\$ _____
Disability Related Equipment	\$ _____	\$ _____
Disability Related- Other	\$ _____	\$ _____
Health Insurance Related- Other	\$ _____	\$ _____
Medical Related- Other	\$ _____	\$ _____
Medicare Premium	\$ _____	\$ _____
Other Anticipated Medical	\$ _____	\$ _____
Over-the-Counter Medication Approved by Physician	\$ _____	\$ _____



Prescription Medication	\$ _____	\$ _____
Service Animal Related	\$ _____	\$ _____
<b>TOTAL MONTHLY EXPENSE</b>	\$ _____	\$ _____

**Residential History:** Please provide consecutive residential history. This includes the addresses for family/friends you reside with, whether or not you pay rent, current/previous landlords & homeless shelters.

<b>RESIDENTIAL HISTORY</b>		
	<u>Applicant</u>	<u>Applicant</u>
Name of CURRENT Housing Provider OR Property:		
List affiliation (circle one):	Family/ Friend/ Landlord/ Owned/Shelter	Family/ Friend/ Landlord/ Owned/Shelter
Address of Provider:		
Address of Applicant (if different):		
Provider/Property Phone Number:		
Dates of Occupancy : (mm/yy – mm/yy)		
Did you pay rent? If so, how much per month?		
Where you evicted or is eviction pending? If so, why?		
	<u>Applicant</u>	<u>Applicant</u>
Name of PREVIOUS Housing Provider OR Property:		
List affiliation (circle one):	Family/ Friend/ Landlord/ Owned/Shelter	Family/ Friend/ Landlord/ Owned/Shelter
Address of Provider:		
Address of Applicant (if different):		
Provider/Property Phone Number:		
Dates of Occupancy: (mm/yy – mm/yy)		
Did you pay rent? If so, how much per month?		
Were you evicted or is eviction pending? If so, explain why:		
	<u>Applicant</u>	<u>Applicant</u>
Name of PREVIOUS Housing Provider OR Property		
List affiliation (circle one):	Family/ Friend/ Landlord/ Owned/Shelter	Family/ Friend/ Landlord/ Owned/Shelter



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 the 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) \*\*. 6/29/2007



**APPLICATION CLARIFICATION NOTES**

This section is to be used only to clarify items listed on the application itself.

Item:

Item:

Item:

Item:

Item:

Item:



**Discrimination Prohibited: The landlord will not discriminate based upon race, color, religion, creed, national origin, sex, age, familial status, or disability.**



## NOTICE OF RIGHT TO REASONABLE ACCOMMODATION/MODIFICATION

**If you have a disability and as a result of your disability you need . . .**

- a change in the rules or policies or how we do things that would give you an equal opportunity to use and enjoy the housing and facilities at this housing development or take part in programs on site,
- a change or repair in your apartment or a special type of apartment that would give you an equal opportunity to use and enjoy the housing and facilities at this housing development or take part in programs on site,
- a change or repair to some other part of the housing site that would give you an equal opportunity to use and enjoy the housing and facilities at this housing development or take part in programs on site.

If you can show that you have a disability and if your request is reasonable (**\*does not pose “an undue financial or administrative burden”**), we will try to make the changes you request.

We will give you an answer in 10 working days unless there is a need for verification of the request. In that case, the response time is 15 working days unless there is a problem getting the information we need or unless you agree to a longer time. We will let you know if we need more information or verification from you or if we would like to talk to you about other ways to meet your needs.

If we turn down your request, we will explain the reasons and you can give us more information if you think that will help.

If you need help filling out a REASONABLE ACCOMMODATION/MODIFICATION REQUEST FORM or if you want to give us your request in some other way, we will help you.

You can get a REASONABLE ACCOMMODATION/MODIFICATION REQUEST FORM at the Property office

Or by contacting [504adacoordinator@mercyhousing.org](mailto:504adacoordinator@mercyhousing.org)

Fax: (877)-245-7121

Phone: 303-830-3422

TTY: 800-877-8973 or 711

**NOTE: All information you provide will be kept confidential and be used only to help you have an equal opportunity to use and enjoy your housing and the common areas.**

*\* This legal phrase means if it is not too expensive and too difficult to arrange.*

