



TENANT SELECTION CRITERIA

Applicants shall be selected based on the following objective criteria:

- Household income
- Household size
- Credit history of all adult applicants
- Prior rental history (as disclosed on application and verified)
- Recent history of criminal activity that may threaten other residents

Providing false or fraudulent information is grounds for application rejection and removal from the wait list. Preferences are given to applicants that are homeless, displaced by a City of LA-funded project, and those applicants that require accessibility features whenever a vacancy of an accessible unit occurs.

APPLICATION PROCESS

The following page includes a Preapplication which must be completed and returned in order to add your household to the waiting list. When your name is selected from the waiting list for an initial household interview, everyone in the household who is at least 18 years of age will be required to complete an application and provide other documentation as required.

All of our affordable properties include units with accessible features and you may call our office on (323) 778-5433 (dial 711 for Telecommunications relay services) or send an email to info@newlifedc.org for more information.

An Individual with a Disability may ask for:

- A change in rules or a physical change to their apartment or shared areas in the building (either of which is a Reasonable Accommodation);
- An accessible apartment; and
- Auxiliary Aids necessary to ensure effective communication between us.

If you or anyone in your household has a disability and needs any of these things to live in any of our affordable properties and use our services, please contact New Life staff as indicated above to communicate your need for a reasonable accommodation and/or to use a form called a “Reasonable Accommodation Form” to make your request.

Please provide us with the following information to indicate whether your household will require accessibility features:

Do you require an accessible unit designed for the disabled/mobility impaired?

YES **NO**

Please check the box(es) below to indicate the relevant features requested:

MOBILITY **VISION** **HEARING**

This housing is offered without regard to race, color, religion, sex, gender, gender identity and expression, family status, national origin, marital status, ancestry, age, sexual orientation, disability, source of income, genetic information, arbitrary characteristics, or any other basis prohibited by law.

Received: _____
 Time: _____
 NLEDC Initial: _____

New Life Economic Development APPLICATION FOR RESIDENCY

(Please provide complete information.)



PLEASE PRINT

A. APPLICATION INFORMATION:
 What size apartment do you need (limit of 2 people per bedroom)? 1 BR 2 BR 3 BR 4 BR

B. HOW DID YOU HEAR ABOUT NEW LIFE (e.g. word of mouth, agency referral)?

C. INFORMATION FOR APPLICANT AND ANY OTHER INDIVIDUAL(S) WHO WILL OCCUPY THE APARTMENT:
 Please provide detailed responses for all persons who will occupy the unit for the first 12 months after move-in.

NAME	RELATIONSHIP	GENDER	DATE OF BIRTH	AGE	SOCIAL SECURITY #
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

DO YOU NEED AN ACCESSIBLE UNIT? YES NO

ARE YOU CURRENTLY RECEIVING SECTION 8? YES NO

TELEPHONE / EMAIL: WORK: _____ HOME: _____

MOBILE: _____ EMAIL: _____

APPLICANT'S CURRENT ADDRESS: _____

Are you or any members of your household full-time students carrying a full course load (as defined by the educational institution) for at least five months per calendar year (include any children attending elementary, middle and high school)?

Yes No If yes, how many full-time students are in the household? _____

If yes, is at least one member of the household (check all that apply):

- A single parent with dependent child(ren) and neither the parent nor child is being claimed as a dependent by anyone else?
- Receiving Title IV or Social Security Act money or equivalent aid to families with dependent children support?
- Married and filing a joint tax return?
- Enrolled in a Federal, state or local job training program?

D. HOUSEHOLD INCOME: Provide the monthly income amount for each individual who will occupy the unit for the first 12 months after move-in. Use additional paper to include all household income if needed.

1. Name _____
2. Salary _____
3. Social Security/SSI _____
4. Pension _____
5. AFDC/TANF Welfare _____
6. Child Support _____
7. Student Training _____
8. Other (Specify) _____

MONTHLY TOTAL: \$ _____ \$ _____ \$ _____

TOTAL MONTHLY INCOME FOR HOUSEHOLD: \$ _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

 Applicant Signature Date: _____

 Co-Applicant Signature Date: _____



NEW LIFE ECONOMIC DEVELOPMENT — 5200 SOUTH BROADWAY (OFFICE) — (323) 778-5433

RETURN THIS APPLICATION VIA FAX (323-232-0075) OR IN PERSON AT THE ABOVE ADDRESS.

