



## Hope Family Housing Resident Application

*Revised 7/30/2020*

**Location Applying For:**

Buena Park (2 & 3 bedroom apartments)

**Personal Information:**

Date: \_\_\_\_\_ Referred by: \_\_\_\_\_

Name of Resident: \_\_\_\_\_ M  F  Birth Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Name of Resident: \_\_\_\_\_ M  F  Birth Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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Social Security Number: \_\_\_\_\_

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Social Security Number: \_\_\_\_\_

Name of Resident: \_\_\_\_\_ M  F  Birth Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Driver's License: \_\_\_\_\_

Email Address: \_\_\_\_\_

Reason for leaving current location:

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Marital Status:  Married  Divorced  Separated  Single  Widow

Highest education level completed for head of household: \_\_\_\_\_

Do you have any friends or relatives in the State of California:  Yes  No

**Previous Shelter:**

Have you been homeless:  Yes  No If yes, how long: \_\_\_\_\_

Have you ever lived at a shelter:  Yes  No If yes, name of shelter(s): \_\_\_\_\_

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Did you complete a program:  Yes  No

If you were in a program and did not complete it, explain the circumstances of your departure:

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**Goals:**

What 3 things would you like to accomplish in the next 18 – 24 months:

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

**Legal Information:**

Please indicate any pending legal actions involving family matters like child custody, divorce, restraining order, etc.: \_\_\_\_\_

Have you ever been convicted of a felony:  Yes  No If yes, when: \_\_\_\_\_

Charge(s): \_\_\_\_\_

What was your sentence: \_\_\_\_\_ Have you completed your sentence  Yes  No

Do you have any unpaid tickets, outstanding warrants, or upcoming court appearances:  Yes  No  
If yes, please list: \_\_\_\_\_

Are you currently on house arrest, probation or parole:  Yes  No If yes, for what \_\_\_\_\_

\_\_\_\_\_

If currently on house arrest, probation or parole, when does your probation/parole status end? \_\_\_\_\_

Do you meet with a parole/probation officer on a regular basis:  Yes  No

If Yes, is it due to a court order?  Yes  No (Please provide copy of the court order)

Officer Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Have you come from an abusive situation:  Yes  No

Please explain abuse: \_\_\_\_\_  
\_\_\_\_\_

Have you ever received counseling:  Yes  No If yes, when: \_\_\_\_\_

Counselor's Name: \_\_\_\_\_

Are you an American citizen:  Yes  No If no, what is your country of origin: \_\_\_\_\_

Are you in this country legally:  Yes  No Can you show proof:  Yes  No

Form of proof: \_\_\_\_\_

**Statement of Income (Must fill out all income portions completely):**

**Adult 1**

Are you currently employed:  Yes  No      Company: \_\_\_\_\_

Job Title: \_\_\_\_\_ Employment Start Date: \_\_\_\_\_

Hours worked (weekly): \_\_\_\_\_ How long have you been at this company: \_\_\_\_\_

**Adult 2**

Are you currently employed:  Yes  No      Company: \_\_\_\_\_

Job Title: \_\_\_\_\_ Employment Start Date: \_\_\_\_\_

Hours worked (weekly): \_\_\_\_\_ How long have you been at this company: \_\_\_\_\_

**Adult 3**

Are you currently employed:  Yes  No      Company: \_\_\_\_\_

Job Title: \_\_\_\_\_ Employment Start Date: \_\_\_\_\_

Hours worked (weekly): \_\_\_\_\_ How long have you been at this company: \_\_\_\_\_

**Check all that apply for all family members and list amount(s) before taxes if applicable:**

- Job      Amount: \_\_\_\_\_
- Social Security (age 62 & older)      Amount: \_\_\_\_\_
- Supplemental Security Income (SSI for any family member)      Amount: \_\_\_\_\_
- Social Security Disability (SSDI)      Amount: \_\_\_\_\_
- Public assistance (TANF/Welfare/General assistance)      Amount: \_\_\_\_\_
- Pension (including VA)      Amount: \_\_\_\_\_
- Unemployment Benefits      Amount: \_\_\_\_\_
- Child Support\*      Amount: \_\_\_\_\_

\*Entitled to child support:  Yes  No    Are you receiving child support:  Yes  No

List all other sources of income not mentioned above: \_\_\_\_\_  
\_\_\_\_\_

Total monthly income: \$ \_\_\_\_\_

**Medical Information:**

Please list any health problems you have had or currently have at this time:

\_\_\_\_\_

Do you have a known contagious disease of any kind:  Yes  No

If yes, please explain: \_\_\_\_\_

List any prescribed medication you are currently taking and the reason for it (including medical marijuana):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Do any of your children have medical problems or health needs:  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Have you had a problem with drugs and/or alcohol:  Yes  No

Please List: \_\_\_\_\_

Have you been drug/alcohol free for more than 60 days now:  Yes  No

Sobriety Date: \_\_\_\_\_ Have you received help for this:  Yes  No

Have you now or in the past attended 12-step meetings:  Yes  No

Do you smoke:  Yes  No If yes, how much: \_\_\_\_\_  
(Smoking is not allowed inside the unit, patio or on the premise's)

Do any of your children have a problem with drugs:  Yes  No

Please name minor & drug (s): \_\_\_\_\_

Are they receiving help:  Yes  No

**Emergency Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**Personal and/or Professional References:**

***Reference #1***

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

***Reference #2***

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**In signing this agreement you are acknowledging that all your information listed above is true and correct.**

Name of Adult: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Adult: \_\_\_\_\_

Name of Adult: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Adult: \_\_\_\_\_

Name of Adult: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Adult: \_\_\_\_\_

***Please read through the Facility Rules and Requirements and then refer to the last three pages. Please sign pages 12 and 13 (Background/Credit Check Authorization Form). Please submit this application along with ALL requested documentation listed on page 14. Incomplete applications will not be considered until ALL documentation has been submitted and received.***

## **Facility Rules & Requirements**

This section explaining facility rules and requirements will be included as part of the rental agreement between Owner (OCRM) and the Resident. New rules and regulations or amendments to these rules may be adopted by OCRM upon giving 30 days notice in writing to resident. These rules and any changes or amendments have a legitimate purpose and are not intended to be arbitrary or serve as a substantial modification of resident rights. Resident is responsible for the conduct of guests and the adherence to these rules and regulations at all times. Any violation of these rules and guidelines is grounds for termination of the tenancy by OCRM.

### **The following rules and requirement MUST be observed by the residents at the Hope Family Housing facility:**

1. Residents will meet a minimum of once a month with the facility manager to assess financial status including checking and savings account balances and debt reduction, frivolous spending and to discuss other programmatic issues. Residents will provide all financial or other information as requested by the facility manager or OCRM staff within 5 business days.
2. Full participation in and compliance with submitting monthly budgets, assigned studies, counseling, training etc. (e.g. financial/ budget counseling, parenting classes, vocational training...). Failure to comply with these requirements will result in termination of tenancy and the residents will be asked to vacate the premises.
3. Weapons such as knives, guns, martial arts weapons etc. are all prohibited on the premises.
4. Any possession alcohol or use of illegal drugs is strictly prohibited by all members and guests of the family at the Hope Family Housing Property.
5. All prescription medication must be reported to the facility manager.
6. Resident will not smoke tobacco or marijuana, use tobacco/marijuana of any kind, use a vape, use any illegal drugs or consume any alcohol while on the premises.
7. Residents are required to submit to drug and alcohol testing on a random basis by the facility manager. Failure to submit to a drug test within 48 hours of when it was requested will result in immediate termination of the tenancy and the resident will vacate the property by 5:00pm on the following Sunday. A positive drug test will result in immediate termination of the tenancy and resident will vacate the premises immediately.
8. Smoking is not permitted anywhere on the premises. (Including medical marijuana)
9. Physical/sexual/verbal assault or abuse is a serious violation and is strictly prohibited.
10. Stealing is prohibited.

11. Gambling with money or possessions is strictly prohibited. This includes no buying of lottery tickets.
12. Residents will maintain interior and exterior of units at a reasonable standard of neatness and cleanliness, as determined by the manager.
13. Residents are required to adhere to healthy standards of personal hygiene, bathing, grooming and laundering.
14. Residents who miss 3 days of work or study due to illness must be evaluated by a physician.
15. Residents will demonstrate regular and timely attendance at their jobs and studies.
16. Personal vehicles:
  - a. All vehicles must be legally registered with the DMV and insured in the name of the Resident operating the vehicle (proof must be given to the facility manager).
  - b. All vehicles must be maintained in good operating condition; no Resident may keep a non-operational vehicle on or around the premises.
17. Guests:
  - a. All guests must be under the direct supervision of a responsible adult Resident.
  - b. Any overnight guests must be approved by the facility manager and visitation must comply with terms in rental agreement.
  - c. The approval of the facility manager is required for overnight absences or for children to spend the night in a unit other than the one in which they reside.
  - d. There is a limit of 16 guest nights in any six month period.

### **Noise and Conduct**

1. Residents shall not make or allow any disturbing noises in the unit by Resident, family or guests, nor permit anything by such persons which will interfere with the rights, comforts or conveniences of other persons.
2. All musical instruments, televisions sets, stereos, radios, etc. are to be played at a volume which will not disturb other persons.
3. The activities and conduct of Resident, Resident's guests and minor children or Resident or guest outside of the unit on the common grounds, parking areas, or any recreational facilities must be reasonable at all times and not annoy or disturb other persons.
4. No lounging, visiting or loud talking, that may be disturbing to other Residents will be allowed in the common areas between the hours of 9:00 p.m. and 8:00 a.m. (9:00 a.m. on weekends and holidays).



## **Parents and Children**

1. Parents may not leave children 11 years old or younger home alone and must receive written authorization from the Manager to leave children 12 years old and older home alone.
2. Parents will assume responsibility for their children's activity in common areas such as the yards, play areas and walkways in the front and rear of property.
3. All children's outdoor play activity (bike riding, playground use etc.) must end by 7:00 p.m. on nights when there is school the next day and 8:00 p.m. on all other nights.
4. It is expected that parents will provide appropriate levels of loving support, discipline and supervision to their children at all times and agree to be held accountable for the same by the facility manager and/or other representatives of the OCRM.

## **Cleanliness and Trash**

1. The unit must be kept clean, sanitary and free from objectionable odors.
2. Residents shall assist management in keeping the outside and common areas clean.
3. Littering in any form is not allowed.
4. Trash or other materials may not be accumulated which will cause a hazard or be in violation of any health, fire or safety ordinance or regulation.
5. Garbage or other items being disposed of are to be placed inside the community trash receptacle provided. Resident will not dispose of any furniture items or place items outside or around the trash receptacle.
6. Furniture must be kept inside the unit. Unsightly items must be kept out of vision.
7. Personal articles are not to be left in common areas.
8. Clothing, curtains, rugs, etc. shall not be shaken or hung outside of any window or ledge.

## **Safety**

1. All doors must be locked during the absence of any Resident.
2. All appliances must be turned off before leaving the unit.
3. If someone is to enter Resident's unit during Resident's absence, Resident shall give Management permission beforehand to let any person in the unit. Management will provide the name of person or company entering unit.

4. The use or storage of gasoline, cleaning solvents or other combustibles in the unit is prohibited.
5. No personal belongings, including bicycles, play equipment or other items may be placed in the common areas around the buildings.
6. Children on the premises must be supervised by a responsible adult at all times.

### **Maintenance and Repairs**

1. If the unit is supplied with smoke detection devices upon occupancy, it shall be the responsibility of the Resident to regularly test the detector(s) to ensure that the device(s) is in operable condition. The Resident will inform Management immediately in writing of any defect, malfunction or failure of such smoke detector(s). Resident is responsible to replace smoke detector batteries, if any, as needed unless otherwise provided by law.
2. Resident shall advise Management, in writing of any items requiring repair (dripping faucets, light switches, etc.). Notification should be immediate in an emergency or for normal problems within business hours. Repair requests should be made as soon as the defect is noted.
3. Service requests should not be made to Maintenance staff but to Facility Manager only. (Online tenant portal)?
4. Costs of repair or clearance of stoppages in waste pipes or drains, water pipes or plumbing fixtures are the responsibility of the Resident if inspection/investigation reveals willful and/or gross negligence on the part of Resident. Payment for corrective actions in these cases must be paid by Resident on demand.
5. No alterations or improvements shall be made by Resident without the consent of Management. Any article attached to the woodwork, walls, floors or ceilings shall be the sole responsibility of the Residents. Resident shall be liable for any repairs necessary during or after residency to restore premises to the original condition. Glue or tape shall not be used to affix pictures or decorations.

### **Guests and Hours**

1. All overnight guests over the age of 18 must have a background check done before staying on property.
2. Residents must notify the facility manager of overnight guests at least 48 hours prior to their stay.
3. Overnight guests are limited to those of the same gender as the Resident. Exceptions may be made for immediate family members such as parents, siblings or children.

4. Residents must notify the facility manager in advance if they or their children will be absent from the facility on a given night.
5. Non-residents may not stay in units during resident's absence except with the prior approval of the facility manager (i.e. resident's mother to stay with children while resident is out of town).

### **Assignments and Responsibilities**

Resident assignments will fall within the parameters of the Hope Family Housing Rental Agreement and Facility Rules & Guidelines and will include but not be limited to the following general assignments:

1. The general maintenance/upkeep of the unit in which the Resident lives; this includes but is not limited to cleanliness/reasonable orderliness of interior and immediate exterior of unit, personal belongs (toys, tools, gardening implement etc.) stored in the respective unit or garage and not left outside or in or near common areas; report any graffiti or other vandalism immediately to the manager.
2. Residents will be responsible for trash disposal as explained above.
3. The general "pickup" maintenance of common areas.

### **Process for Transition**

The process for transition will take into account factors that led to Resident's inability to live independently including financial, parenting, educational, relational, vocational, addiction and other issues.

A combination of (1) assessing and remedying faults/weaknesses and (2) building strengths through identifying and meeting real-world expectations will be employed with the Residents.

They will be directed and equipped to begin planning from the outset of their residency in the Program to transition for a moderately-to-very "dependent" setting (the Program) to a setting characterized by independent living.

### **Process for Termination of Stay**

This process will be outlined to the Residents as a part of their application process and as a requirement of their acceptance into the Program.

Per the Application for Residency, the Hope Family Housing Rules & Requirements and the Rental Agreement, termination of stay will follow the guidelines set forth in these documents, whether termination of stay is due to (1) successful completion of the Program, (2) Resident's decision to

terminate stay before Program's completion, or (3) **OCRM's decision to terminate Resident's stay due to a lack of compliance to Program rules and guidelines.**

In signing this agreement the parties hereto indicate that they have read and understand this agreement agree to all the terms, covenants, and conditions stated therein. Resident acknowledges receipt of a copy of this agreement.

Name of Adult: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Adult: \_\_\_\_\_

Name of Adult: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Adult: \_\_\_\_\_

Name of Adult: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Adult: \_\_\_\_\_

# Background and Credit Check Authorization Form

Property:  Buena Park

Applicant represents that all information given on their application is true and correct. Applicant hereby authorizes verification of all references and facts, including but not limited to current and previous landlords and employers, and personal references. Applicant hereby authorizes owner/agent to obtain Unlawful Detainer, Credit Reports, Telechecks, and/or criminal background reports. Applicant agrees to furnish additional credit and/or personal references upon request. Applicant understands that incomplete or incorrect information provided in the application may cause a delay in processing which may result in denial of tenancy. In the event that a material misstatement or misrepresentation is discovered after Applicant is accepted as a Resident, and whether or not a Lease or Month to Month Rental Agreement is executed, Owner may, at Owner's sole discretion, deem such misstatement or misrepresentation to be a material and non-curable breach of any subsequent Lease or Month to Month Rental Agreement and grounds for rescission of the contract and immediate eviction. Applicant hereby waives any claim and releases from liability any person providing or obtaining said verification or additional information.

Signature: \_\_\_\_\_

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

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Print Name: \_\_\_\_\_

## Hope Family Housing Required Documents

All Hope Family Housing applicants are required to provide the following documents during the intake process. These documents are key to your participation in this program. Note: Applications are considered **INCOMPLETE** if **ALL** documentation is not submitted/accounted for.

- Copies of 1 source of official identification for all family members. Social Security Card, California ID, or Driver's License are preferred sources. (Passports, Birth Certificates, and Naturalization Certificates are also acceptable sources for those under age 18.)
  
- Copies of 3 most recent pay stubs for all employed family members OR Proof of Employment letter.
  
- Copies of documents to verify ALL other sources of income, including the following:
  - Child Support and Alimony Payments
  - Public Assistance (TANF, AFDC, and General Assistance)
  - Recurring Cash Contributions
  - Social Security, Veterans Benefits, Retirement Funds, Annuities, Pensions, Disability, etc.
  - Unemployment, Disability Compensation, and Worker's Compensation
  - Income Earning Assets (e.g. – interest, dividends, other investments)
  
- Three most recent months of bank statements
  
- Copies of your most recent signed, dated, and complete tax returns (full document)
  
- For self-employed applicants, two years of signed tax returns and a notarized projection of the year's projected income and expense for the business.
  
- Zero Income Affidavit for all family members age 18 and above not working (please ask for this document).

Explanation of any missing documents (*please complete if you are missing ANY of the above*): \_\_\_\_\_

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**Completed applications can be submitted via email at [hfh@rescuemission.org](mailto:hfh@rescuemission.org),  
fax at (714) 258-4451, or in person at 1 Hope Drive, Tustin, CA 92782.**