



Housing Industry Foundation
AFFORDABLE HOUSING INITIATIVE
APPLICATION

For HIF use:

AMI: _____

Instructions:

- Application MUST be complete. Please provide as much information as possible.
• Submit supportive documentation with every application, (found on page 3)
• Please e-mail entire application along with the supportive documents below in one pdf to: inas@hifinfo.org

APPLICANT (S) INFORMATION (All adult applicants, 18 years or older)

Name: First Middle Last Birth Date

E-mail Address: Home Phone Cell Phone Driver's License #

Name: First Middle Last Birth Date

E-mail Address: Home Phone Cell Phone Driver's License #

All other Occupants: Birth Date Relationship to applicant

VEHICLE INFORMATION

Make/Model Color Year Plate No.

RENTAL HISTORY- Current Residence

Address City State Zip

Monthly rent Dates of Residency (from/to) Lease Terms

Owner/Manager Name Phone number

RENTAL HISTORY- Previous Residence

Address _____ **City** _____ **State** _____ **Zip** _____

Monthly rent _____ **Dates of Residency (from/to)** _____ **Reason for moving** _____

Owner/Manager Name _____ **Phone number** _____

EMPLOYMENT INFORMATION:

Current Status (check all that apply): **Employed Full-time** **Part-time** **Student** **Retired** **Un-Employed**

<i>Applicant #1's Earned Income</i>		<i>Applicant #2's Earned Income</i>	
Employer		Employer	
Employer's phone		Employer's phone	
Occupation		Occupation	
Monthly take-home pay: (net)		Monthly take-home pay: (net)	
Dates of employment	___/___/___	Dates of employment	___/___/___

REFERENCES- Please list at least 3 Professional references.

Name	Phone Number	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

GENERAL INFORMATION- (Over the last 7 Years)

Have you ever been late/delinquent with rent? _____ **Yes** _____ **No**

Have you ever been evicted from a tenancy? _____ **Yes** _____ **No**

Has client ever been convicted of a felony? _____ **Yes** _____ **No**

Are you a registered sex offender listed on www.meganslaw.ca.gov _____ **Yes** _____ **No**

Do you smoke? _____ **Yes** _____ **No**

Do you have any pets? _____ **Yes** _____ **No**

Have you ever been party to a lawsuit? _____ **Yes** _____ **No**

If yes to any of the above, please explain: _____

How did you hear about the Housing For All Program? _____

DESCRIPTION OF HOUSING CRISIS:

Please attach a detailed narrative to the application that details the following;

- Description of your crisis/situation
- Why you would like to participate in the program
- How this program will impact your household

SUPPORTIVE DOCUMENTATION

Incomplete applications will not be reviewed.

- Identification of Household Members: Adults (picture ID is preferred)
- Three-month budget that demonstrates cash crisis and sustainability in future months
- Verification of income for every working household member; Pay stubs **(1)** most recent month
- Bank statements for checking/savings accounts- most recent month
- W2 Forms (most recent year) for all working members of the household

UNIT LOCATION

If approved for this program, please list the top three cities in either San Mateo or Santa Clara County that would be your preference.

1. _____
2. _____
3. _____

CLIENT CERTIFICATION

I hereby give my consent to the Housing Industry Foundation (HIF) to contact any group or individual which would be helpful in understanding or confirming my situation and need of assistance. I acknowledge that HIF may contact me to determine the effectiveness of this grant in stabilizing my housing situation. HIF may also publicize my situation in general terms in publications regarding this housing assistance program.

By signing this application, I verify that the statements in this application are true and correct. I authorize the use of the information and contacts provided to complete a credit, reference and/or background check. I understand that false information may result in the rejection of this application.

Applicant Signature_____

Date_____

Applicant Signature_____

Date_____

Housing for All- Budget Worksheet

Applicant(s) Name(s): _____

MONTHLY NET INCOME			
	Last Month	This Month	Next Month
Applicant #1's take home pay from employment (net \$)	_____	_____	_____
Applicant #2's take home pay from employment (net \$)			
Other Household Members' Income (combined)			
Previous Security Deposit Returned (if applicable)			
TOTAL MONTHLY INCOME	\$ _____	\$ _____	\$ _____
MONTHLY EXPENSES			
	Last Month	This Month	Next Month
Rent			
Utilities: PG&E/water/garbage			
Telephone			
Food			
Health insurance			
Medical Expenses (Rx, co-pays, etc.)			
Car payment			
Auto Insurance			
Transportation (bus, gas, tolls, parking)			
Child care			
Clothing			
Toiletries			
Laundry, cleaning, other household items			
Cable television/Internet			
Installment payments (credit cards or loans) – SPECIFY: _____			
Miscellaneous – SPECIFY: _____			
Other – SPECIFY: _____			
TOTAL MONTHLY EXPENSES	\$ _____	\$ _____	\$ _____
TOTALS			
	Last Month	This Month	Next Month
Total Income (from Net Income Section)			
Less total Expenses (from Expenses Section)			
MONTHLY BALANCE	\$ _____	\$ _____	\$ _____

Budget Notes: