

BURBANK HOUSING CORPORATION

WAITING LIST APPLICATION

The enclosed application serves to put your name on Burbank Housing Corporation's Moderate Income Waiting List. THIS IS NOT AN APPLICATION FOR AN APARTMENT. Please fill out the application completely and sign at the bottom. Mail, email, fax, or drop off the completed form at:

BURBANK HOUSING CORPORATION (BHC)
1819 GRISMER AVE. BURBANK, CA 91504
PHONE: 818.559.2336 FAX: 818.559.9668
INFO@BURBANKHOUSINGCORP.ORG

You will be notified via telephone and mailed postcard when an apartment suitable for your family income and size becomes available. This could take anywhere from a few months to a few years. If you are offered and choose to apply for an apartment with BHC, you will need to provide verification and documentation of your household's income and eligibility during the rental application process.

It is your responsibility to notify the BHC office if your income, address, phone number, or household composition changes while you are on the BHC Waiting List. To update your application, you must contact the BHC office to request a modification form. Failure to update your waiting list application could result in removal from the list. Proof of income, Burbank residency, or Burbank employment may be required.

THE DEADLINE FOR THIS APPLICATION IS 2 WEEKS FROM RECEIPT OF APPLICATION.

Household's gross annual income must fall into the income guidelines per the following chart:

# of Persons in Household	1	2	3	4	5	6	7	8
Gross Annual Income MINIMUM	\$66,751	\$76,251	\$85,801	\$95,301	\$102,951	\$110,551	\$118,201	\$125,801
Gross Annual Income MAXIMUM	\$76,500	\$87,450	\$98,350	\$109,300	\$118,050	\$126,800	\$135,550	\$144,300

BEFORE SUBMITTING YOUR APPLICATION PLEASE NOTE:

- Households are NOT allowed to submit multiple applications. Duplicate applications will be removed.
- Pet Policy: Pets, except for a certified companion animal, are not allowed.
- Our Affordable Housing Program has fixed rent rates for each income level. Tenants are responsible for paying their rent in full & their share of utility payments.
- Income must be verified at the time of initial rental AND EVERY YEAR THEREAFTER.
- A credit and criminal background check will also be performed during the time of the rental application. For this reason, every adult household member must either have a social security number or an individual tax identification number.
- Your minimum income requirement will be approximately 2.5 times the monthly rent.
- The BHC Waiting List applies to ALL units in our properties. NO specific unit/building requests will be granted.
- A household is only given two opportunities to accept or qualify for an available BHC unit.
- BHC units operate under different State and Federal rent levels. We will do our best to match you with an appropriate unit for your income & family size. Occupancy restrictions apply.
- We require a security deposit (generally 1 months' rent) Note: You MAY be eligible for a payment plan.
- A copy of the official Waiting List Policy is available by written request.
- Near the end of the year, BHC conducts a waiting list audit by mailing confirmation letters to all applicants. You must submit the bottom slip of the letter to our office by the given deadline. Failure to respond by the deadline indicates a disinterest in our Affordable Housing Program & will result in removal from the waiting list.



1819 Grismer Ave. Burbank, CA 91504 • Phone: 818.559.2336 • Fax: 818.559.9668 • www.burbankhousingcorp.org

A. HEAD OF HOUSEHOLD: *(Please Print Clearly)*

Full Name: _____ Email: _____
 Mailing Address: _____ Home Address: _____
 Primary #: _____ Secondary #: _____

B. HOUSEHOLD MEMBERS: *(In the chart below, list every person - including children/unborn infants - who will be living with the head of household. Calculate the average amount of **MONTHLY GROSS - before tax deductions** - income from **ALL** sources for each person. If you are self-employed, please use your business **NET-INCOME - total earnings minus business expenses** - to determine your gross monthly income.)*
APPLICANTS WHO DO NOT MEET THE INCOME CRITERIA WILL BE AUTOMATICALLY REJECTED.

Full Name		Relationship to Head of Household	Date of Birth (mm/dd/yyyy)	MONTHLY Gross Income	
1		Self		1	\$
2				2	\$
3				3	\$
4				4	\$
5				5	\$
6				6	\$
7				7	\$
8				8	\$

Total Monthly Household Income *(Add Lines 1-8)* = \$ _____

C. ANSWER THE QUESTIONS BELOW:

- Does any household member receive/earn the following sources of income: *(Select ALL that apply)*
 Salary, Job Earnings, or Self-Employment Welfare/General Relief Social Security, Disability, or SSI
 Other: _____ *(SNAP/food stamps & financial aid are **NOT** considered a source of income)*
- What is your current rent? _____
- Is anyone in your household employed in Burbank? *(Employer address must be in Burbank)* Yes No
- Does your household currently have a Section 8 voucher? Yes No
- Is anyone in your household disabled? Yes No *(If No, Skip Questions 5 & 5a)*
- Do they physically require a ground floor apartment? Yes No *(If No, Skip Questions 5a)*
 6a. Provide the name(s) of the disabled household member(s): _____

D. PLEASE READ AND SIGN BELOW:

WARNING: Title 18, Section 1001 of the United States Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.

CERTIFICATION: I hereby certify that the information completed on this form is given voluntarily and is true and correct. I understand that the answers are subject to verification.

Signature: _____

Date: _____

BHC OFFICE USE ONLY		
Application Due Date: 2 WEEKS FROM RECEIPT	Application Received: _____	Delivery Method: _____
Annual Income: _____	HH Size: _____	Category: _____