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| **Anchor Place Application Cover Sheet****□ Preference A (DMH/DHS) □ Preference C (Affordable)** |
| **\*\*Current means no older than 60 days prior to date on application** |
| [ ] | Completed, signed DMH/DHS approval/referral. (**REQUIRED for Preference A, only**) |
| [ ] | Completed 3 page application form **(REQUIRED)** [ ] Desired unit size indicated (must be household size eligible). Only one choice allowed. **(REQUIRED)** |
| [ ] | Completed, dated (current\*) and signed Tenant Income Certification Questionnaire. **(REQUIRED)** |
| [ ] | Completed, dated (current\*) and signed Child/Spousal Support Affidavit **(REQUIRED)** |
| [ ] | Completed, dated (current\*) and signed Under $5,000 Asset Certification **(REQUIRED)** |
| [ ] | Completed, dated (current\*) and signed Certification of Zero Income for all adults 18+ years. **(If Applicable)** |
| [ ] | Current\* (within 60 days of application) proof of household income-all adults 18+ years. **(REQUIRED)*** + Current\* SS, SSI, VA, other Pension source
	+ Current\* CalWORKS, GR,
	+ THREE (3) months current\*, consecutive paystubs
	+ 3 months (current\*) child support payments
	+ Other income sources (explain)
	+ Other income sources (explain)

Other income sources (explain)  |
| [ ] | 6 months of checking/savings account statements, all pages, with the most recent statement dated within 60 days of date on application **(Required ONLY if total amount in all bank accounts is over $5,000).** |
| [ ] | School enrollment verification indicating full time or part time status for all adults over 18 years who are attending school **(if applicable).** |
| [ ] | Copy of court documents awarding child support **(if applicable).** |
| [ ] | Copies-CA Photo ID's or Driver’s License for all adults over 18 years **(REQUIRED)** |
| [ ] | Copies-Social Security cards or verification of Social Security Number for **all household members** **(REQUIRED)** |
| [ ] | Copies-Birth Certificates for minor children **(REQUIRED)** |
| [ ] | Proof of current Long Beach residency or employment (i.e. paystubs, SCE statement, referral letter from Shelter/Transitional Housing provider) |
|  | **DMH Case Manager Name:**  **Phone Number:**  **Email Address:**  |
|  | **Other Case Manager Name:**  **Phone Number:**  **Email Address:**  |