Pre-Application for 1 & 2-bedroom apartments

NOTE: You must complete all information for your pre-application to be considered. Please print clearly and use blue or black ink only. A more detailed application will need to be completed at the time of interview.

First Name (Head of Household)       MI       Last Name

Social Security Number       Telephone Number       Extension

Mailing Address       Apt. Number

City       State       Zip Code

Date of Birth

1. How did you hear about us? (Agency, newspaper, banner, etc.): _________________________________

2. How many people will live in your home? Please include yourself: ___________________________

3. Are you a Veteran of the U.S. Armed Forces? ☐ Yes ☐ No

4. Is the head of household aged 62 years or older? ☐ Yes ☐ No

5. Total household gross monthly income from all sources (before any deductions). Your estimate $________________________

6. Total household gross annual income from all sources (before any deductions). Your estimate $________________________

7. Do you currently possess a Section 8 voucher or certificate? ☐ Yes ☐ No

8. Are all household members full-time students? (K-12 are considered full time) ☐ Yes ☐ No

9. Do you require special accommodations? (i.e. Live-In Care Attendant, etc.) ☐ Yes ☐ No

If you need special accommodations please explain: ____________________________________________________

A person with a disability may request a reasonable accommodation (a reasonable change in policies), a reasonable structural modification, an accessible unit or the provision of auxiliary aids and services, in order to have equal access to a housing program. If you or anyone in your household has a disability, and because of that disability requires a specific accommodation, modification or auxiliary aids or services to fully use our housing services, please contact our staff for a reasonable accommodation form.

PLEASE COMPLETE NEXT PAGE

This housing is offered without regard to race, color, national origin, sex, religion, ancestry, genetic information, source of income, age, marital status, familial status, sexual orientation or preference, gender identity, or disability, or any other basis prohibited by law.
I understand that all of these answers will be verified. I certify that the above statements are true and correct. I understand that false statements or misinformation is punishable under federal law and cause for immediate denial of housing.

Head of Household Signature: ________________________________  Date: ____________

APPLICATIONS ACCEPTED BY MAIL ONLY!

Please complete, sign, and mail this Pre-Application and Grounds for Denial via USPS First-Class mail only to:

Sun Valley Senior Veteran Apartments c/o The John Stewart Company
888 South Figueroa Street, Suite 400
Los Angeles, CA 90017

• Incomplete pre-applications may be rejected.
• Please mail your pre-application & grounds for denial. We will NOT accept pre-applications that are submitted via over-night mail, faxed, or hand delivered.
• Each household may only submit one pre-application. Duplicates will not be considered.

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