HASLO Aplicacion En Linea Instrucciones

La cuenta en línea se puede utilizar para presentar una solicitud como nuevo solicitante de HASLO, y tambien para que los solicitantes existentes actualicen su solicitud actual, incluida la solicitud de una lista de espera recién abierta.

Estas instrucciones son para solicitantes nuevos de HASLO - individuos y / o familias que nunca han solicitado con HASLO en línea.

Haga clic en "Inicio de Sesión del Solicitante" para iniciar el proceso

Para obtener instrucciones, haga clic en "Hew To Apply" en la parte inferior de la pantalla



Registrarse para una Cuenta Nueva

• Si usted nunca se ha registrado para una cuenta en línea, haga clic en "haga clic aquí para registrarse"

LOGIN	
User Name	
Password	
Login Forgot password? Click here to register	

A continuación, haga clic en "Jwant to apply"



A continuación, haga clic en "I do NOT have a registration code"



En la pantalla del registro

- Si usted no tiene una cuenta de correo electronico, obtenga una cuenta con "Gmail" o "Hotmail"
- Todos los campos con un * deben completarse para ir al siguiente paso

RSONAL DETAILS		
First Name*		
First Name		
Last Name*		
Last Name		
SSN#* (If you do not have a \$\$N, please enter	999-99-9999)	
XXX-XX-XXXX		
Phone (Applicant Phone)*		
(555) 555-5555		
CCOUNT INFORMATION Email Address* YourEmail@Example.com		
Email Address* YourEmail@Example.com User Name (must be email address)*		
Email Address* YourEmail@Example.com User Name (must be email address)* User Name		
Email Address* YourEmail@Example.com User Name (must be email address)* User Name Password*		
CCOUNT INFORMATION Email Address* YourEmail@Example.com User Name (must be email address)* User Name Password* Password		
CCOUNT INFORMATION Email Address* YourEmail@Example.com User Name (must be email address)* User Name Password* Password Confirm Password*		
CCOUNT INFORMATION Email Address* YourEmail@Example.com User Name (must be email address)* User Name Password* Password Confirm Password* Confirm Password		

Una vez que haya completado la creación de una cuenta, estará en la aplicación y ahora pasará por el proceso. Esta captura de pantalla muestra todos los pasos del proceso:

M	1Y APPLICATION	
	Language Selection	
	Instructions	
	Household Composition	
	Household Information	
	Waiting List	
	Summary	
	Application Confirmation	

Idioma - hay cuatro opciones de idioma.

La página de instrucciones generales es la siguiente:

Welcome to our o	nline application		
Duplicate application this will be considered	is from the same household d a fraudulent application a	d will not be accepted. If the not be accepted and all submitted application	he same household members apply more than once, ions will be rejected.
If you or a person in y contact our office at 8	our household is a person v 305-543-4478.	with a disability, and you n	need a reasonable accommodation to apply, please
250 Applications will whether you were se	be selected through a rand lected in the lottery.	lom lottery. You will receiv	ve confirmation by email after the interest list closes o
Equal Housing Oppo housing opportunity which there are no ba sexual orientation or	rtunity Statement: We are p throughout the country. We arriers to obtaining housing disability.	eledged to the letter and s encourage and support a because of race, color, se	pirit of U.S. policy for the achievement of equal an affirmative advertising and marketing program in ex, religion, national or ethnic origin, familial status,
E			
EQUAL HOUSING			

Información de Contacto:

t is your responsib	ollity to maintain the accuracy of this	mailing information. If there are changes, you can log back into this
*You must have a information.	valid mailing address to receive com	espondence from our agency. Please provide appropriate address
Mailing Address*	164	
City*		
State*		•
Zip*		
	I do not have a mailing address.	
E-mail	kelsey.yardi+kelseyslodemooct@	
Resident Phone	(555) 555-5555	
Applicant Phone	(555) 555-5555	
Other Phone	(555) 555-5555	

A continuación, ingresará información sobre todos los miembros de su hogar. Necesitará la fecha de nacimiento y el Numero de Seguro Social para completar cada miembro de la familia.

Application Progress	3%		Applications & Certifications Hi, Kelsey -
Household Compositio	on		
In the next section, you wil	l provide details about all	members of your house	ehold.

Detalle de Miembro de la Familia:

Us About Family Members	
Last Name*	[
Date of Birth*	
Social Security Number (If this person does not have a SSN, please enter 999- 99-9999)*	
Gender*	Female
Relationship to the Head of Household*	Head of Household
Citizenship Status*	Eligible Citizen 💌
Is this person disabled?*	× ا
Hispanic or Latino*	•
American Indian or Alaska Native*	•
Asian*	•
Black or African American*	*

Informacion del Hogar. La siguiente sección cubre ingresos, activos y necesidades especiales.



Información de Ingresos

Usted DEBE calcular el ingreso anual de TODOS los miembros del hogar. Multiplique por 12 si recibe el pago mensual o por 26 si recibe el pago cada dos semanas y por 24 si recibe el pago 2 veces al mes.

MY APPLICATION	Application Progress 40%
Language Selection	
Household Composition	Income
Income	Annual income includes all amounts that: (1) Belong to family members.
Access	(2) Are anticipated to be received by the family.
Special Needs	Please note that reporting zero income MUST be accompanied by a note of explanation on the application tab called "Additional Details". Applications submitted without an explanatory note will be considered incomplete and may be returned to you for
Additional Details	update which may delay your submission to be included in the lottery.
Waiting List Summary	
Application Confirmation	Annual Income* 13500
	Go Back. Save and Continue.

Si algún miembro de su familia es una persona discapacitada y requiere una adaptación razonable, marque la casilla correspondiente a continuación.

Language Selection	Application Progress	54%	Applications & Certifications Hi, Kelsey -
Household Composition Household Information Income	Access Do you or any member of you	ir household require accessibility feature	57
Access			
Special Needs	Hearing Access	0	
Additional Details	Mobility Access	0	
Waiting List	Sight Access	0	
Summary Application Confirmation	None		

Si no tiene hogar, marque la casilla a continuación.

Tenga en cuenta que es MUY RARO ser una persona calificada como "desplazada" según la definición de HUD.

Language Selection		
Household Composition		
Household Information	Special Needs	
Income	A displaced person is a fam federally funded project.	ily who moves from their home as a direct result of acquisition, demolition or rehabilitation for a
Access		
Special Needs		
Additional Details	Displaced	
Waiting List	Homeless	
Summary	None	fttp
Application Confirmation		

Detalles Adicionales:

Si reportó CERO ingresos anuales, DEBE completar la primera línea para describir por qué. Es muy raro que en el programa realmente NO haya ingresos, pero entendemos que hay casos en que esto puede ser cierto.

Si desea que coordinemos con un administrador de casos, proporcione sus detalles en las dos últimas casillas

Y APPLICATION	Application Progress
Language Selection	
Household Composition	
Household Information	Additional Details
Income	These questions are for public housing and project-based voucher applicants. You are not required to complete at this point in time.
Access	
Special Needs	
Additional Details	Section 8 app - explanation for zero income:
Waiting List	Current Landlord & contact information:
Summary Application Confirmation	
	Move-in date with current landlord:
	Case Manager Name
	Case Manager email/Phone #
	Go Back. Save and Continue.

Lista de Espera - en esta pantalla, marque la casilla de la lista (s) de espera que desea solicitar:

MY APPLICATION	Application Progress 77% Applications & Certifications Hi, Kelsey -
Language Selection Instructions Household Composition Household Information Waiting List Summary Application Confirmation	Waiting List Select the waiting list(s) you want to apply to. Please note that if you are selected in the lottery, you must use the voucher in San Luis Obispo County for a minimum of 12 months. Tenga en cuenta que si es seleccionado en la lotería, debe usar el comprobante en el condado de San Luis Obispo por un mínimo de 12 meses.
	Search: Search:

Preferencias - en esta pantalla, lea los detalles cuidadosamente antes de marcar la casilla para asegurarse de que es elegible. Si los reclama y no es elegible, se rechazará su solicitud.

Language Selection Instructions			
Household Composition Household Information Preferences	Prefer	ences apply, click Save	e and Continue
Waiting List Summary	in hone (appy, cuck out	
Application Confirmation			Search:
	Select	Preference\$	Description
		l Currently Live or Work in San Luis Obispo County	By checking this box, you certify that you live or work in the County of San Luis Obispo (SLO). IF your mailing address is NOT in SLO County, please provide a note of explanation on the Additional Information tab in the line with the name and place of employment. Failure to provide an explanation may delay the processing of this application and may result in the loss of the SLO preference. Please note that you will also be required to verify your eligibility at the time of intake.
		Veteran	Veteran preference will be given to applicants whose Head of Household or spouse has served in active duty in the United States Armed Forces for a minimum of six (6) continuous months, and if separated from military service, received other than dishonorable discharge. The veteran's preference will also be given to a widow of a veteran (as defined above). Verification of veteran's status would be submission of a copy of the veteran's DD214.

Esta completa el proceso y ahora estás en la página de resumen. Haga clic en las pestañas individuales en el centro de la pantalla y revise los detalles para verificar su precisión. Puede regresor y realizar las correcciones necesarias haciendo clic en el elemento en el lado izquierdo de la pantalla

Y APPLICATION	Application Pr	Applica ogres	nt Information Save	d ×	Appli	cations & Cer	rtifications Hi, Kelsey •
Language Selection Instructions Household Composition Household Information Waiting List Summary Application Confirmation	Final review & submission Please verify that the information you entered is correct. If you want to make changes, click the appropriate menu links on the left side of the screen. When you have financed reviewing the data, click Submit Application.						
	Family Member	rs Income	Access Special	Needs Additional Detail	s Waitir	ng List	
	First Name	Last Name	Date of Birth	Relationship	Age	Gender	Citizenship
	Kelsey	Slodemo	10/3/1985	Head of Household	33	Female	Eligible Citizen
	Alice	Slodemo	10/3/2013	Youth<18	5	Female	Eligible Citizen
	Terms and 0	Conditions					
	I, do hereby sw and hereby aut credit report. I age or older, a this declaration as any change	ear and attest und horize the Housin understand that Fe nd that our rental a h. <u>I further underst</u> in household com	er penalty of perjur g Authority of the C ederal Regulations assistance can be d and that all change position must be re	y that all of the information is try of SLO to verify the above allow for criminal backgroun enied or terminated as a resu s in the income of any memb ported to the Housing Autho	about me ar items inclu d checks or ult of certair per of the ho rity of the C	nd my house ding, but not all househo violations o busehold. acc <u>ity of SLO "In</u>	hold is true and correct limited to, obtaining o ld members 18 years of r any untruthfulness on juisition of assets. as w Writing" within 10(ten)
	days of the cha filing of crimina	nge. Failure to rep al charges for frau	ort these changes of	constitutes theft by fraud and	I could resu	lt in denial, te	ermination and/or the

Una vez que haya verificado que acepta todos los términos y condiciones, se confirmará el envío de su solicitud. Haga clic en el botón rojo "Download Application as PDF", si desea guardar una copia impresa de la aplicación.

TANLICATION	Application Progress 100%	Applications & Certifications Hi, Kelsey *
Language Selection Instructions		
Household Composition	Application Confirmation	
Waiting List	Your application has been submitted.	
Summary		
Application Confirmation		
	Download Application as PDF	

Copia Impresada - esta es solo la parte del resumen, hay varias páginas con los detalles:

11801	•				
HUCI	Π				
TIEDLU					
OUSING AUTHORITY SA	N LUIS OBISPO	6 101 0 B			
	Online	e Application Summary			
		Profile			
Kelsey Slodemo		Resident Phone:			
1646 First ave.		Applicant Phone:	555-555-5555		
Colors CA Chief		Other Phone:			
Goleta, CA 93117					
Goleta, CA 93117		E-mail:	keisey.yardi+keiseyslodemooct@g mail.com		
Applied Date:	10/25/2018 3:10:13 PM	E-mail:	keisey.yardi+keiseysiodemooct@g mail.com		