



EQUAL HOUSING OPPORTUNITY



Property: _____ \ Rental Application

Dear Applicant:

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.

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.

Instructions: Please complete ALL sections of this application. ALL adult household members must sign the application. Submitting duplicate copies will be cause for rejection of all applicants.

General Information

- Senior: [] 1 Bedroom [] 2 Bedroom
Family: [] 1 Bedroom [] 2 Bedroom [] 3 Bedroom [] 4 Bedroom
1. What size apartment are you applying for:
2. Do you require an apartment designed for the disabled/mobility impaired (accessible unit)? [] Yes [] No
Check all applicable: [] Mobility [] Hearing /Visual
If you answered YES above, what unit size are you applying for? [] 1 Bedroom [] 2 Bedroom [] 3 Bedroom [] 4 Bedroom
3. We are required to adhere to Federal Fair Housing laws and to encourage a balanced resident population at _____. Therefore, we will appreciate your checking the appropriate blank below regarding your race/ethnicity. You are not obligated to provide this information.
[] African American [] Asian/Pacific Islander [] Hispanic [] Native American [] White/Caucasian

4. How did you hear about our project? (Newspaper, Internet, Personal Reference etc) _____

Household Information

List ALL household members that are applying to live in the apartment (be sure to include your own name).

Table with 5 columns: Name (First, Middle Initial, Last), Relationship to Head of Household, M/F, Last 4 of Social Security Number, Age. Multiple empty rows for data entry.

Current address: _____

Daytime Phone: _____ Evening Phone: _____

- YES [] NO [] 1. Do you expect any additions to the household within the next 12 months?
Name & Relationship: _____
Explanation: _____
[] [] 2. Is there anyone living with you now who won't be living with you at this property?
Name & Relationship: _____
[] [] 3. Do you have full custody of your child (ren)?
Explanation: _____
[] [] 4. Are there any absent household members who under normal conditions would live with you?
(For example, a household member away in the military.)

Explanation: _____

The rental agent will make every effort to provide an interpreter/translator to an applicant upon request. Please check this box if you need a translator and please identify the language which is required: _____.

Current Residence

1. What is your current monthly rent? \$_____/Month

2. Why do you want to vacate your current residence?

3. What is the size of your current residence? # of Bedrooms _____

Rental History

YES NO

 1. Have you or any one else named on this application filed for bankruptcy?

Explanation: _____

 2. Have you or anyone in your household been evicted from a rental unit of any type including an apartment, home, or trailer?

Explanation: _____

 3. Have you or anyone in your household been convicted of property damage?

Explanation: _____

 4. Have you or anyone in your household been issued an eviction notice?

Explanation: _____

 5. Have you or anyone in your household been evicted from a property managed by Abode Communities in the last 5 years?

Explanation: _____

Housing References

List the past **FIVE** years of housing references. (If additional space is required, attach additional pages.)

	<u>Landlord's Name/Address</u>	<u>Your Address</u>	<u>Own/Rent</u>	<u>Dates</u>
Name:	_____	_____	Own <input type="checkbox"/>	From: _____
Address:	_____	_____	Rent <input type="checkbox"/>	To: _____
Phone:	(____) _____	_____		

Name:	_____	_____	Own <input type="checkbox"/>	From: _____
Address:	_____	_____	Rent <input type="checkbox"/>	To: _____
Phone:	(____) _____	_____		

Name:	_____	_____	Own <input type="checkbox"/>	From: _____
Address:	_____	_____	Rent <input type="checkbox"/>	To: _____
Phone:	(____) _____	_____		

Criminal Background

YES NO

 1. Have you or anyone in your household ever been convicted for the manufacture or distribution of a controlled substance?

Explanation: _____

 2. Have you or anyone in your household ever been convicted for a crime against persons or property? If yes, provide date (s) of each conviction.

Explanation: _____

 3. Have you or anyone in your household been convicted of any crime that subjects you or the household members to a lifetime registration requirement in any state sex offender registry?

Explanation: _____

Vehicle Information

Tag/License Plate #

State Issued

Make/Model/Year

Vehicle #1: _____

Vehicle #2: _____

Head of Household Name: _____

Income Information

Income is counted for anyone 18 or older (unless legally emancipated). However, if income is unearned income such as a grant or benefit, it is counted for all household members including minors.

PLEASE PROVIDE THE TOTAL Household's ANNUAL INCOME: \$ _____

Answer the questions in this section to provide the source(s) of all household income you listed above.

Include all income anticipated for the next 12 months.

Do YOU or ANYONE in your household receive OR expect to receive income from:

YES **NO**

 11. Employment wages or salaries? *(Include overtime, tips, bonuses, commissions and payments received in cash.)*

Household Member

Name of Company

Amount

 12. Self-employment? *(Include overtime, tips, bonuses, commissions and payments received in cash.)*

Household Member

Type of Business

Amount

 13. Regular pay as a member of the Armed Forces?

Household Member

Base Name & Branch

Amount

 14. Unemployment benefits or worker's compensation?

Household Member

Administrative Office

Amount

 15. Public Assistance, General Relief or Aid to Families with Dependant Children (AFDC)?

Household Member

Administrative Office

Amount

 16. (a) Child Support or Alimony?

(We must count Court-ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered rather received directly from payer.)

Household Member

Payor

Amount

(b) How is the support received? *(Check all that apply)*

Child Support Enforcement Agency *Name of Agency:* _____

Court of Law *Name of Court:* _____

Directly from Individual *Name of Person:* _____

Other *Explain:* _____

 (c) If money is not actually received, are you taking legal action to remedy?

(If yes, obtain court papers)

Explanation: _____

YES **NO**

 17. Social Security, SSI or any other payments from the Social Security Administration?

Household Member SSA Office Amount

 18. Regular payments from a Veteran's benefit, pension, retirement benefit or annuities?

Household Member Source of Benefit Amount

 19. Regular payments from a severance package?

Household Member Source of Benefit Amount

 20. Regular payments from any type of settlement? (For example, insurance settlements.)

Household Member Source of Benefit Amount

 21. Regular gifts or payments from anyone outside of the household?

(This includes anyone supplementing your income or paying any of your bills.)

Household Member Source of Benefit Amount

 22. Educational grants, scholarships, or other student benefits?

Household Member School Name or Administrative office Amount

 23. Regular payments from lottery winnings or inheritances?

Household Member Source of Benefit Amount

 24. Regular payments from rental property or other types of real estate transactions?

Household Member Source of Benefit Amount

 25. Any other income sources or types not listed?

Household Member Source of Benefit Amount

 26. Do you or any other household members expect any changes to your income in the next 12 months?

Explanation: _____

Asset Information:

Including all assets Held and the income derived from the asset. INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS.

Do YOU or ANYONE in your household hold:

YES **NO**

 27. Checking or savings account?

Household Member Name of Bank & Type of Account Amount

<input type="checkbox"/>	<input type="checkbox"/>	28. CDs, money market accounts or treasury bills?		
		<u>Household Member</u>	<u>Name of Bank & Type of Account</u>	<u>Amount</u>
		_____	_____	_____
		_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	29. Stocks, bonds or securities?		
		<u>Household Member</u>	<u>Name of Bank & Type of Account</u>	<u>Amount</u>
		_____	_____	_____
		_____	_____	_____

Head of Household Name: _____

YES **NO**

<input type="checkbox"/>	<input type="checkbox"/>	30. Trust funds?		
		<u>Household Member</u>	<u>Name of Bank & Type of Account</u>	<u>Amount</u>
		_____	_____	_____
		_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	31. Pensions, IRAs, Keogh or other retirement accounts?		
		<u>Household Member</u>	<u>Name of Bank & Type of Account</u>	<u>Amount</u>
		_____	_____	_____
		_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	32. Cash on hand over \$500?		
		<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
		_____	_____	_____
		_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	33. Real estate, rental property, land contracts/contract for deeds or other real estate holdings?		
		<i>(This includes your personal residence, mobile home, vacant land, farms, vacation homes or commercial property including out of the country.)</i>		
		<u>Household Member</u>	<u>Property Address</u>	<u>Amount</u>
		_____	_____	_____
		_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	34. Personal property held as an investment?		
		<i>(This includes paintings, coin or stamp collections, artwork, collector or show cars, and antiques. This does not include your personal belongings such as your car, furniture or clothing.)</i>		
		<u>Household Member</u>	<u>Name of Bank & Type of Account</u>	<u>Amount</u>
		_____	_____	_____
		_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	35. A safe deposit box?		
		<u>Household Member</u>	<u>Name of Bank & Type of Account</u>	<u>Amount</u>
		_____	_____	_____
		_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	36. Have you or any household members disposed of or given away any asset(s) for LESS than fair market value within the past 2 years?		
		Household Member: _____	Amount: _____	
		Explanation: _____		

Applicant Status

YES **NO**

<input type="checkbox"/>	<input type="checkbox"/>	37. Are you or any other ADULT household members claiming zero income?
		Household Member: _____
		Explanation: _____
<input type="checkbox"/>	<input type="checkbox"/>	38. Are you or any other household members (INCLUDING MINORS) currently a full-time student or expect to be one in the next 12 months?
		Household member(s): _____

<input type="checkbox"/>	<input type="checkbox"/>	39. Are there any household members that are currently enrolled in an institute of higher learning?

If answered yes above, please check one of the following: _____ Full-time Student _____ Part-time Student

39. Will you or any ADULT household member require a live-in care attendant to live independently?

Name of Attendant: _____

Relationship (if any): _____

40. Will your household be receiving Section 8 rental assistance at time of move-in?

Name of agency: _____

Contact Person: _____

41. Will your household be eligible or are you applying to receive Section 8 rental assistance in the next 12 months?

Expected Date: _____

Name of Agency: _____

Contact Person: _____

U.S. Citizenship (SECTION 8 ONLY – NOT FOR USE ON TAX CREDIT PROPERTIES)

ALL APPLICANTS MUST COMPLETE THE INFORMATION BELOW

The state of California may enact public law which implements the provisions of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Pub. L. No. 104-193), which provides that only citizens or nationals of the United States or qualified aliens may receive agency public benefits. You may be required to show proof of citizenship or a qualified alien status to be eligible to reside in the apartment community. Note: At least one member of the family must provide proof of citizenship or qualified alien status for the family to qualify for housing.

1. Total Number of Family Members: _____
2. Number of U.S. Citizens: _____
3. Number of Legal (Qualified) Residents: _____
4. Number of Members without Legal Status: _____

Credit Information

PLEASE SIGN BELOW TO AUTHORIZE THE CREDIT REPORT AND CRIMINAL BACKGROUND CHECK. Management will perform a credit and eviction history and may perform a criminal background check of all applicants as part of the applicant screening criteria. Your application will not be considered unless you provide management with your consent to obtain a credit report on each adult household member.

_____	_____	_____
(Signature)	(Signature)	(Signature)
_____	_____	_____
(Signature)	(Signature)	(Signature)

Signature Clause

I understand that management is relying on this information to prove my household's eligibility for the Housing Credit Program. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. **I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.**

I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, and account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting management's applicant screening criteria and the Housing Credit Program requirements.

All ADULT household members must sign below:

_____	_____	_____	_____
Signature	Date	Signature	Date
_____	_____	_____	_____
Signature	Date	Signature	Date
_____	_____	_____	_____
Signature	Date	Signature	Date

NOTE: Definition of an adult is 18 years of age or older, unless legally emancipated.

_____ does not discriminate on the basis of handicapped status in the admission or access, or treatment or employment in, its federally assisted programs and activities.

Office Use Only:

Application Received by: _____

Date/Time Stamp: _____

