

RESIDENCY APPLICATION

WAITING LIST INFO
DATE RECEIVED
TIME RECEIVED

**Duane Hill Terrace
600 N. Orchard Ave
Ukiah, CA 95482
(707) 463-1975 ext. 126
(707) 462-2252 fax**

APPROVED BY: _____
DATE: _____



PLEASE USE BLUE INK

EQUAL HOUSING

OPPORTUNITY

PLEASE READ CAREFULLY

ALL QUESTIONS MUST BE ANSWERED OR YOUR APPLICATION WILL NOT BE ACCEPTED AS VALID. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED FOR OCCUPANCY, IF IT DOES NOT APPLY PUT N/A.

1.

APPLICANT NAME: .			
BIRTH DATE	SOCIAL SEC. #	DRIVER'S LICENSE #	U.S. CITIZEN STATUS

2.

Co-APPLICANT NAME: .			
BIRTH DATE	SOCIAL SEC. #	DRIVER'S LICENSE #	U.S. CITIZEN STATUS

3. PRESENT ADDRESS: _____ 4. HOW LONG? _____

5. MAILING ADDRESS: _____

6. HOME TELEPHONE: _____ WORK TELEPHONE: _____

7. PRESENT LANDLORD NAME: _____

8. PRESENT LANDLORD ADDRESS & TELEPHONE: _____

9. PRIOR RESIDENT INFORMATION (YOU MUST INCLUDE TELEPHONE NUMBER)

ADDRESS	CITY	LANDLORD NAME & ADDRESS	TELEPHONE

(IF YOU DO NOT HAVE RENTAL HISTORY, YOU MUST ATTACH 3 WRITTEN PROFESSIONAL LETTERS OF RECOMMENDATIONS. --NO FAMILY MEMBERS).

RESIDENCY APPLICATION

10. EMPLOYMENT INFORMATION (FOR THE PAST 5 YEARS)

EMPLOYER NAME: ADDRESS: TELEPHONE:	APPLICANTS POSITION	HOW LONG?	REASON FOR LEAVING
EMPLOYER NAME: ADDRESS: TELEPHONE:			
EMPLOYER NAME: ADDRESS: TELEPHONE:			
EMPLOYER NAME: ADDRESS: TELEPHONE:			
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EMPLOYER NAME: ADDRESS: TELEPHONE:			

11. APPLICANT'S MAIN OCCUPATION? _____

12. CO-APPLICANT'S MAIN OCCUPATION? _____

13. CLOSEST RELATIVE (NOT LIVING WITH YOU) _____

RELATIONSHIP; _____ ADDRESS; _____

AND TELEPHONE: _____

IN CASE OF AN **EMERGENCY** WHOM SHOULD WE CONTACT? _____

ADDRESS _____ TELEPHONE _____

14. HOUSEHOLD COMPOSITION

NAME OF ALL HOUSE- HOLD MEMBERS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	PLACE OF BIRTH	DATE OF BIRTH	SOCIAL SECURITY NUMBER

RESIDENCY APPLICATION

19. NET FAMILY ASSETS

TYPE	AMOUNT	ACCOUNT #	BANK NAME & ADDRESS
SAVINGS	\$		
CHECKING	\$		
STOCKS AND BONDS	\$		
REAL ESTATE	\$		
OTHER	\$		

20. I/WE certify that I/we have _____ have not _____ sold or disposed of any asset for less than Fair Market Value during the two year (24 month) period preceding the date of this application. Any assets sold or disposed of for than fair market value are identified below:

Relationship to Head of House	Asset's Estimated Value	Date Sold/Disposed of	Amount Received

21. CREDIT ACCOUNTS

COMPANY NAME	ACCOUNT NAME	ACCOUNT #	LOCATION

22. DOES THE HOUSEHOLD CONSIST OF PERSONS WHO ARE ALL **FULL-TIME** STUDENTS (Examples: College/University, Trade School) YES _____ NO _____

23. DOES YOUR HOUSEHOLD ANTICIPATE BECOMING A FULL-TIME STUDENT HOUSEHOLD IN THE NEXT 12 MONTHS? YES _____ NO _____

24. IF YOU ANSWERED "YES" TO EITHER OF THE PREVIOUS QUESTIONS ARE YOU:
- RECEIVING ASSISTANCE UNT TITLE IV OF THE SOCIAL SECURITY ACT (AFDC/TANF)? YES _____ NO _____
 - ENROLLED IN A JOB TRAINING PROGRAM RECEIVING ASSISTANCE THROUGH THE JOB TRAINING PARTICIPATION ACT (JTPA) OR OTHER SIMILAR PROGRAM? YES _____ NO _____
 - MARRIED AND FILING A JOINT TAX RETURN? YES _____ NO _____
 - SINGLE PARENTWITH A DEPENDANT CHILD OR CHILDREN AND NEITHER YOUR NOR YOUR CHILD(REN) ARE DEPENDANT OF ANOTHER INDIVIDUAL? YES _____ NO _____

23. ARE YOU AN EMPLOYEE, RELATIVE OF AN EMPLOYEE OR A BOARD MEMBER OF RCHDC? YES _____ NO _____

24. DO YOU REQUEST AN ACCESSIBLE UNIT FOR THE MOBILITY-IMPAIRED? YES _____ NO _____

25. DO YOU REQUEST A REASONABLE ACCOMODATION FOR ANY HOUSEHOLD MEMBER? YES _____ NO _____

26. HOW DID YOU HEAR ABOUT OUR PROPERTY? _____

RESIDENCY APPLICATION

I AGREE TO GIVE THE MANAGEMENT AGENT THE AUTHORITY TO INVESTIGATE MY CREDIT AND MY CURRENT AND PAST RENTAL RECORDS. THE INFORMATION OBTAINED WILL BE USED FOR MANAGEMENT PURPOSES ONLY AND WILL BE HELD IN CONFIDENCE.

THE APPLICANT INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. ANY FRAUDULENT INFORMATION WILL DISQUALIFY THIS APPLICATION FOR RESIDENCY.

I CERTIFY THE HOUSING I/WE WILL OCCUPY AT Duane Hill Terrace WILL BE MY/OUR PERMANENT RESIDENCE. I/WE FURTHER CERTIFY THAT I/WE WILL NOT MAINTAIN A SEPARATE SUBSIDIZED RENTAL UNIT IN A DIFFERENT LOCATION.

APPLICANT SIGNATURE: _____ DATE: _____

CO-APPLICANT SIGNATURE: _____ DATE: _____