

**IMPORTANT:** Only applications submitted to the appropriate address below will be accepted.



**For Office Use Only:**

Application # \_\_\_\_\_

Date Received \_\_\_\_\_

Time Received \_\_\_\_\_

**Please read carefully!**

All questions must be answered or your application will not be accepted. Incomplete applications will not be considered for occupancy. If something does not apply, write N/A. If more space is required, please attach an additional sheet to the application.

**Section 1: Applicant Contact Information**

- 1) Applicant Name: \_\_\_\_\_
- 2) Applicant Physical Address: \_\_\_\_\_
- 3) Applicant Mailing Address: \_\_\_\_\_
- 4) Applicant Telephone Number: (\_\_\_\_) \_\_\_\_\_ Alternate Telephone: (\_\_\_\_) \_\_\_\_\_
- 5) If we are unable to reach you or in case of an emergency who should we contact? \_\_\_\_\_
- 6) Address: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

**Section 2: Household Members**

7) List all household members below beginning with primary applicant. Include any live-in care attendants.

| Full Name | Date of Birth | Sex | Social Security Number | Driver's License Number/State | Full- Time Student? Yes/No | Relationship to Applicant |
|-----------|---------------|-----|------------------------|-------------------------------|----------------------------|---------------------------|
|           |               |     |                        |                               |                            | Self/Head Of Household    |
|           |               |     |                        |                               |                            |                           |
|           |               |     |                        |                               |                            |                           |
|           |               |     |                        |                               |                            |                           |
|           |               |     |                        |                               |                            |                           |
|           |               |     |                        |                               |                            |                           |

- 1) Have any household members been terminated from a subsidized housing program for fraud or failure to comply with the recertification process?  Yes  No
- 2) Have any household members ever been evicted?  Yes  No
- 3) What size apartment are you interested in?  
 Studio     One Bedroom     Two Bedroom     Three Bedroom     Four Bedroom

- 4) Would anyone in your household benefit from a unit modified to accommodate a person with a disability?  Yes  No If yes, please make a selection below  
 Mobility Impaired  Visually Impaired  Hearing Impaired
- 5) Do you request an adjustment to income for elderly or handicapped/disabled?  Yes  No
- 6) Does anyone in your household possess a current Section 8 Voucher or other rental subsidy?  
 Yes  No If yes, what kind? \_\_\_\_\_
- 7) Has anyone in your household ever been convicted of a crime and/or subject to lifetime state sex offender registration?  Yes  No
- 8) List all States in which you or other household members have lived: \_\_\_\_\_

**Section 3: Rental History**

- 9) Please list below all prior residence information for the past five (5) years starting with your current residence.

| Date From | Date To | Residence Address | Landlord Name | Landlord Mailing Address & Telephone |
|-----------|---------|-------------------|---------------|--------------------------------------|
|           |         |                   |               |                                      |
|           |         |                   |               |                                      |
|           |         |                   |               |                                      |
|           |         |                   |               |                                      |

**Section 4: Household Financial Information**

- 10) List below the gross (pre-tax) income for each household member. Include money received for the care of dependent children and the source of the income. Please also include any anticipated income. Attach additional sheets if necessary.

| Household Member Name | Gross Annual Income | Income Source |
|-----------------------|---------------------|---------------|
|                       |                     |               |
|                       |                     |               |
|                       |                     |               |
|                       |                     |               |

11) List below all assets (checking, savings, retirement, etc.) for each household member. Include assets held in trust for dependent children and any cash on hand. Attach additional sheets if necessary.

| Household Member Name | Type of asset | Value of Asset | Cost to dispose of asset |
|-----------------------|---------------|----------------|--------------------------|
|                       |               |                |                          |
|                       |               |                |                          |
|                       |               |                |                          |

12) Has any member of your household disposed of an asset for less than fair market value in the past two (2) years?  Yes  No If yes, explain: \_\_\_\_\_

### Section 5: Applicant Certification

I declare under penalty of perjury under the laws of the State of California that the information contained in this application and any information or documents offered in support of this application are true and correct, to the best of my knowledge. Additionally, I consent the release of wage matching data to RHS, HUD, CTCAC, the borrower, and all applicable entities. I acknowledge that false information herein may constitute grounds for rejections of this application and, may constitute a criminal offence under the laws of this State. I further acknowledge that acceptance of this application and placement on a waiting list does not guarantee acceptance of my household to the property in which I have applied nor does it guarantee availability of rental assistance. Furthermore, I agree that if offered a residence, the residence will be my sole place of residence.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government acting through Rural Housing Service that the Federal laws prohibiting discrimination against tenant application on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

Please make a selection below from the Race and Ethnicity categories below:

**(Please select one)**

**Ethnicity:**  Hispanic or Latino  Not Hispanic or latino

**(Please select all that apply)**

**Race:**  American Indian or Alaskan Native  Asian  Black or African American  
 Native Hawaiian or Other Pacific Islander  White