

For Office Use Only		
Date & Time Received:		Received By (Initials):
Unit:	Move-In Date:	

Application for Rental Housing

Property Contact Information			
Property Name: Pallesen Place			
Street Address: 6853 Collier Avenue			
City: Nice	State: CA	Zip: 95464	
Phone: (707) 240-2854	Phone (TTY): 711	Fax: (707) 633-2359	
Email: pallesenplace@rchdc.org		Website: www.rchdc.org	
Office Hours: Monday to Friday 8am to 5pm at Corporate Office 499 Leslie St Ukiah, CA 95482 707-463-1975			

This housing is offered without regard to race, color, religion, sex, gender, gender identity and expression, familial status, national origin, citizenship status, immigrant status, primary language, marital status, ancestry, age, sexual orientation, disability, source of income (including receipt of Section 8 and other similar vouchers), genetic information, military or veteran status, arbitrary characteristics, or any other basis currently or subsequently prohibited by law.

An Individual with a Disability may ask for:

- a change in rules or a physical change to their apartment or shared areas in the building (either of which is a reasonable accommodation);
- an accessible apartment;
- and Auxiliary Aids and Services necessary to ensure effective communication between us.

If you or anyone in your household has a disability and needs any of these things or another type of accommodation to live in our _____ and use our services, then contact _____ staff to communicate your needs.



APPLICATION SUMMARY

Preferred Unit Size:

Would anyone in this household benefit from a special needs unit or a unit accommodation due to a mobility, vision, or hearing impairment? Yes* No

*If Yes, please complete a Special Unit Questionnaire.

HOUSEHOLD COMPOSITION - Complete one Member Information Document form for each member.

In the space below, list all people who will live in the unit.

	Member Name	Relationship to Head of Household (Ex. Head of Household, Co-Head, Spouse, Dependent, Other Adult, Live-In Aide, etc.)	Phone Number (optional)
HOH			
1			
2			
3			
4			
5			
6			
7			
8			

ANTICIPATED ADDITIONS TO THE HOUSEHOLD - Complete one Anticipated Household Addition form for each.

Certain anticipated members can have an effect on the size of the unit and/or the income limits used to determine the household's program eligibility. List all applicable members who are expected to move in over the next 12 months.

Member Name	Member Type
	<input type="checkbox"/> Unborn Child <input type="checkbox"/> Pending Adoption <input type="checkbox"/> Obtaining Custody <input type="checkbox"/> Pending Foster
	<input type="checkbox"/> Unborn Child <input type="checkbox"/> Pending Adoption <input type="checkbox"/> Obtaining Custody <input type="checkbox"/> Pending Foster
	<input type="checkbox"/> Unborn Child <input type="checkbox"/> Pending Adoption <input type="checkbox"/> Obtaining Custody <input type="checkbox"/> Pending Foster
	<input type="checkbox"/> Unborn Child <input type="checkbox"/> Pending Adoption <input type="checkbox"/> Obtaining Custody <input type="checkbox"/> Pending Foster

HOUSEHOLD QUESTIONS

1. Is any household member temporarily absent, but under normal conditions would live in the unit? Yes No

If Yes, please explain:

2. Do you anticipate any change in household composition over the next 12 months? Yes No

If Yes, please explain:

3. Does/Will this household receive rent assistance? Yes No

If Yes, please indicate the source (ex. Housing Choice Voucher, Rural Development Rent Assistance, etc.)



Section 1001 of Title 18 of U. S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

Modified 10/4/2023
© 2023 Yardi Systems, Inc.
All Rights Reserved



APPLICATION SUMMARY

PENALTIES FOR MISUSING THIS FORM:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

REQUIRED SIGNATURES

All adult household members must view all documents in the Application Package to confirm accuracy and sign below.

Application Package Documents:

- Application Summary (One Per Household)
- Member Information Document (One Per Member)
- Income & Asset Source Document (One Per Adult Member / One Per Household)

Under penalty of perjury, I/we certify that all information presented in the application documents above is true and accurate to the best of my/our knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in rejection of my/our application, or if move-in has already occurred, termination of my/our lease.

1.	Member Signature	Printed Name	Date Signed
2.	Member Signature	Printed Name	Date Signed
3.	Member Signature	Printed Name	Date Signed
4.	Member Signature	Printed Name	Date Signed
5.	Member Signature	Printed Name	Date Signed
6.	Member Signature	Printed Name	Date Signed
7.	Member Signature	Printed Name	Date Signed
8.	Member Signature	Printed Name	Date Signed



Section 1001 of Title 18 of U. S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

Modified 10/4/2023
© 2023 Yardi Systems, Inc.
All Rights Reserved



Preferred Language (optional): _____

MEMBER INFORMATION DOCUMENT

Complete one form for each member of the household, regardless of age. Any household member under the age of 18 and not emancipated must have a form completed and signed by a parent/guardian in the household. Please provide your full, legal name as it appears on your legal identification document. (Ex. Driver's License, Government Issued ID, etc.).

Full Legal Name: _____
First Name Middle Name Last Name

Optional Information:
Driver's License # / State ID #: _____ State Issued: _____

Date of Birth: _____ Marital Status (optional): _____

Check box if member is an emancipated minor.

Gender: Female Male Decline to Disclose
Disabled: Disabled Not Disabled Decline to Disclose
Student Status: Full-Time Student Part-Time Student Not a Student

Social Security Number (SSN): _____ (If you do not have a SSN please enter 999-99-9999)

Will you require a live-in care attendant? Yes No

Complete this section only if the member is a minor:
Will this member live in the unit at least 50% of the time? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of the parent/guardian who will sign paperwork on this member's behalf: _____

MEMBER SIGNATURE REQUIRED:

I hereby certify the information provided above is accurate and complete to the best of my knowledge.

Member Signature	Printed Name	Date
------------------	--------------	------

Check here if an adult signed for a child.



Section 1001 of Title 18 of U. S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

Modified 10/4/2023
© 2023 Yardi Systems, Inc.
All Rights Reserved



INCOME & ASSET SOURCE DOCUMENT

This document reflects the sources of income & assets received by:

Individual Member: _____
 If selected, each adult (excluding Live-In Aides) must complete a separate Income & Asset Source Document, even if the adult has zero income.

All Members
 If selected, one Income & Asset Source Document must be completed to reflect all income and asset sources within the household.

INCOME SOURCES

Please provide additional information for each source of income received, including at least one method of contact.

Member Name	Income Type	Income Source	Total Annual Income (Gross)	CONTACT INFORMATION (Must provide at least one*)	
				Mailing Address	Phone/Fax Number
			\$		Ph: Fax:
			\$		Ph: Fax:
			\$		Ph: Fax:
			\$		Ph: Fax:
			\$		Ph: Fax:
			\$		Ph: Fax:
			\$		Ph: Fax:
			\$		Ph: Fax:
			\$		Ph: Fax:
			\$		Ph: Fax:
			\$		Ph: Fax:
			\$		Ph: Fax:

*As a result of the inability to obtain third-party verification from certain sources, contact information is not required for the following income types: Self-Employment, Social Security, Supplemental Security Income (SSI).



Section 1001 of Title 18 of U. S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

Modified 10/4/2023
 © 2023 Yardi Systems, Inc.
 All Rights Reserved



ASSET SOURCES

Please provide additional information for each asset owned. If an asset is owned by more than one person, the record should reflect only amounts owned by and accessible to the member.

Member Name	Asset Type	Asset Source	Cash Value*	Annual Income from Asset	Jointly Owned? (If Yes, indicate % owned)	If Asset has Joint Ownership Will the other owner(s) of the asset reside in the household?
			\$	\$	<input type="checkbox"/> Yes ___% <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	\$	<input type="checkbox"/> Yes ___% <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	\$	<input type="checkbox"/> Yes ___% <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	\$	<input type="checkbox"/> Yes ___% <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	\$	<input type="checkbox"/> Yes ___% <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	\$	<input type="checkbox"/> Yes ___% <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	\$	<input type="checkbox"/> Yes ___% <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	\$	<input type="checkbox"/> Yes ___% <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	\$	<input type="checkbox"/> Yes ___% <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	\$	<input type="checkbox"/> Yes ___% <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	\$	<input type="checkbox"/> Yes ___% <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	\$	<input type="checkbox"/> Yes ___% <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

*Cash value is the market value of the asset less reasonable expenses that would be incurred in selling or converting the asset to cash.

Adult Household Members - Review the information provided and initial below

I/We hereby certify the information provided is accurate and complete to the best of my/our knowledge.

Member Initials:	_____	_____	_____	_____	_____	_____	_____	_____
	#1	#2	#3	#4	#5	#6	#7	#8



Section 1001 of Title 18 of U. S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

Modified 6/26/2024
© 2023 Yardi Systems, Inc.
All Rights Reserved



Supplemental Accessible Unit Questionnaire

This form may be used to indicate a request for an accessible unit with mobility, hearing, and/or vision features.

To qualify for an accessible unit, a household member must have a physical impairment that:

- is expected to be of long-continued and indefinite duration
- substantially impedes the person's ability to live independently
- is such that the person's ability to live independently could be improved by more suitable housing conditions

1. Would you like to request an accessible unit with mobility, hearing, and/or vision features?

Yes No *(If No, please skip the remaining questions and sign at the bottom)*

2. Does any member on this application have a physical impairment which meets the definitions stated above?

Yes No

a. If yes, list the name(s) of family member(s):

2. Do you or a household member have a condition which requires (check those that apply):

- a separate bedroom
- a unit for a visually-impaired person
- a unit for a hearing-impaired person
- a barrier-free apartment
- a one-level unit
- a bathroom on the first floor
- other physical modifications (please explain below):

3. Please explain exactly what you need to accommodate your situation:

4. Who should we contact to verify your need for the above housing features?

Name

Address

City

State

Zip

Phone

Applicant/Resident Signature

Printed Name

Date Signed



This housing is offered without regard to race, color, religion, sex, gender, gender identity and expression, familial status, national origin, citizenship status, immigrant status, primary language, marital status, ancestry, age, sexual orientation, disability, source of income (including receipt of Section 8 and other similar vouchers), genetic information, military or veteran status, arbitrary characteristics, or any other basis currently or subsequently prohibited by law.



Housing History Disclosure

Property Name: Pallesen Place Member Name: _____

Unit Number: _____

Please provide the last 24 months of housing history. All adult household members must complete this form at move-in.

Check this box if you had no established housing during the requested timeframe and provide a brief explanation below.

Explanation: _____

Current Address

Street Address: _____

City: _____ State: _____ Zip Code: _____

Reason for leaving: _____

Move-In Date (Month/Year): _____ Are you currently receiving assistance from HUD?* Yes No

(Check One) Rent Own Other _____ Rent per month: _____

Landlord Name: _____ Landlord Phone: _____

**Applicants currently receiving assistance from HUD, who are also receiving a Health & Medical Expense/ Attendant Care & Auxiliary Apparatus Expense Deduction, may be eligible for a Phase-In Hardship Exemption. In order to qualify for this exemption, you will need to provide a copy of the certification that is in place at the time of move-out from your current residence.*

Previous Addresses

Street Address: _____

City: _____ State: _____ Zip Code: _____

Reason for leaving: _____

Move-In Date (Month/Year): _____ Move-Out Date (Month/Year): _____

(Check One) Rent Own Other _____ Rent per month: _____

Landlord Name: _____ Landlord Phone: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Reason for leaving: _____

Move-In Date (Month/Year): _____ Move-Out Date (Month/Year): _____

(Check One) Rent Own Other _____ Rent per month: _____

Landlord Name: _____ Landlord Phone: _____

Continue Form and Sign on Page 2



Housing History Disclosure

Street Address:		
City:	State:	Zip Code:
Reason for leaving:		
Move-In Date (Month/Year):	Move-Out Date (Month/Year):	
(Check One) <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other _____		Rent per month:
Landlord Name:	Landlord Phone:	

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Applicant Signature	Printed Name	Date
---------------------	--------------	------



Emergency Contact Form

Property Name: Pallesen Place Head of Household Name: _____
Unit Number: _____ Member Name: _____

Instructions: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

I decline to provide emergency contact information.

Name of Emergency Contact Person or Organization: _____

Address: _____

Telephone No: _____ Cell Phone No: _____

Email Address (if applicable): _____

Relationship to Applicant: _____

Reason for Contact (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Emergency | <input type="checkbox"/> Assist with recertification process |
| <input type="checkbox"/> Unable to contact you | <input type="checkbox"/> Change in lease terms |
| <input type="checkbox"/> Termination of rental assistance (if applicable) | <input type="checkbox"/> Change in house rules |
| <input type="checkbox"/> Eviction from unit | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Late payment of rent | |

If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.

Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

Signature of Applicant _____

Date _____



Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the **Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).**

Modified 10/31/2023
©2023 Yardi Systems, Inc.
All Rights Reserved

