

Application to Rent

Rental policy: Landlord does not discriminate based on age, race, color, religion, sex, disability (mental or physical), national origin, marital status, familial status, or sexual orientation. All rental applications are evaluated on housing history, ability to pay and credit history. The application fee must be paid by all applicants and is non-refundable. On-site employees are not permitted to return money to applicants.



Complete all sections of this form and answer all questions. DO NOT LEAVE ANY QUESTION **UNANSWERED** or BLANK. If a question does not apply, write "N/A". ***WARNING*** Making false statements on this document is considered fraud.

Unit type desired SRO 1 bdrm 2 bdrm 3 bdrm 4 bdrm

PLEASE PRINT VERY CLEARLY

(All prospective residents 18 years or older must complete this rental application. DO NOT LEAVE ANY LINE BLANK)

LIST ALL PERSONS WHO WILL OCCUPY THE APARTMENT

Name:	Social Security #	Date of Birth	Age	F/T Student **	Relationship to Applicant
					Head of Household (HOH)

**A full time student is an individual attending elementary, middle or senior high school, college, university, or technical, trade and mechanical schools. Each college, university, technical, trade or mechanical school has its own definition of "full time".

Home phone #:		Work phone #	
Cell phone #:		2 nd Cell phone #	
HOH email address		Addtl email address	
Addtl email address		Addtl email address	

<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Do you expect any additions to the household within the next twelve months?
<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Have you or any adult member of your household been or plan to be a student for 5 or more months in the current calendar year?

HOUSING HISTORY (24 months required)

Current / Prior Address	Number & Street	Apt #	City	State	ZIP	How long at the address?
						Yrs Mos
						Yrs Mos
						Yrs Mos

EMERGENCY CONTACT INFORMATION

Name	Relationship	Phone Number	Email Address

VEHICLE INFORMATION

Year	Make	Model	Color	Plate #

Household Income

If you answer "YES", fill out information below for the household member(s) who receive this income.

Employment**YES/NO**Do you or any other household member(s) receive **full/part time job earnings or severance pay**?

YES NO

Do you or any other household member(s) receive **cash, tips or bonuses**?

YES NO

Do you or any other household member(s) receive **military or reserve pay**?

YES NO

Are you or any other household member **self-employed**?

YES NO

Name of Household Member	Gross Monthly earnings (before taxes)	Pay frequency: Weekly, Bi-weekly, semi-monthly, monthly	Name & Address of Employer
	\$		
	\$		
	\$		
	\$		

SSA / SSI / VA / Pensions / Child Support / Alimony / Other Benefits**YES/NO**Do you or any other household member(s) receive **Social Security / SSI benefits**?

YES NO

Do you or any other household member(s) receive **VA / pension / retirement or annuity benefits**?

YES NO

Do you or any other household member(s) receive **unemployment or disability benefits**?

YES NO

Do you or any other household member **receive temporary disability benefits (State Worker's Comp, AFLAC)**?

YES NO

Do you or any other household member **child support, alimony or any other regular cash benefits**?

YES NO

Name of Household Member	Monthly/Weekly Amount	Name & Address of Source
	\$ per	
	\$ per	
	\$ per	
	\$ per	

Public Assistance Benefits**YES/NO**Do you or any other household member(s) receive **CalWORKs or General Relief**?

YES NO

Name of Household Member	Monthly Amount	Type of Benefit
	\$	
	\$	
	\$	
	\$	

TENANT - Information Release

We are required to verify the income & assets to determine eligibility for participating in the Low-Income Housing Tax Credit Program (LIHTC). This information is used only in determining the eligibility status and rent, if applicable, for household members. I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and **will stay in effect for a year and one month** from the date signed.

Verifications will be requested from, but not limited to:

Employment; Social Services; Social Security Administration; Unemployment; Educational Institutions; Veteran's Administration; Banks; District Attorney's Office; Housing Authority; Previous Landlords; Credit Report Agencies, Criminal Background Agencies.

Applicant represents that all of the information on this application is true and correct and authorizes verification including the obtaining of a credit report now and again in the future. Incorrect information will result in denial of the application. By signing, applicant states, "I understand that inquiries will be made about me. I authorize, without reservation, any party or agency to furnish completely and without limitation, any and all information about third parties including, but not limited to my current, previous, or future creditors or their representatives and may be used for collection of a present or future debt. I release from liability any third party or user of information contain in or related to me application."

Print Name

Signature

Date

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WARNING:

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



EQUAL HOUSING
OPPORTUNITY