**DO NOT DUPLICATE**

*ONE APPLICATION PER HOUSEHOLD ONLY*

**Beacon Pointe**

**APPLICATION FOR ADMISSION**

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.

Please notify the business office if you need auxiliary aids such as large type face, information by audio tape, computer disk, Braille and/or in a language other than English. Best efforts will be made to accommodate such requests.

TDD Telephone device for the deaf only (888) 877-5379 or California Relay Service (711).

***I SPEAK*:** (Arabic) **;** (Cantonese) 广东话  **;** (Mandarin) 国语  **;** (Korean) 언어 **;** (Russian) **Русский**  **;** (Spanish) Español  **;** (Tagalog)Tagalog  **;** (Vietnamese)**Tiếng Việt** 

**Please fill in all blanks. Incomplete applications will not be processed.**

**APPLICANT NAME**:

DATE OF BIRTH: SOCIAL SECURITY #:

**CURRENT ADDRESS**: APT. #:

CITY, STATE, ZIP CODE:

**PREVIOUS ADDRESS**: APT. #:

CITY, STATE, ZIP CODE:

**HOME PHONE #**: WORK #: OTHER WORK #:

CELL PHONE #: OTHER#: FAX #:

E-MAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REFERING CASE MANAGEMENT ORGANIZATION:**

ORGANIZATION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF CONTACT:

INDICATE TWO PEOPLE WHO GENERALLY KNOW HOW TO CONTACT YOU:

1. NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HOUSEHOLD COMPOSITION AND CHARACTERISTICS**

LIST ALL HOUSEHOLD MEMBERS WHO WILL BE LIVING IN THE RESIDENCE. GIVE THE RELATIONSHIP OF EACH FAMILY MEMBER TO THE HEAD OF HOUSEHOLD.

**LAST NAME FIRST NAME BIRTHDATE(MM/DD/YYYY) SOC. SEC. #**

1.

2.

3.

DO YOU OWN A CAR?\_\_\_\_\_\_\_ WOULD YOU REQUIRE A PARKING SPACE?\_\_\_\_\_\_\_\_\_\_

# CURRENT STATUS

How many people live with you now? How many bedrooms do you require?

Have you or anyone you plan to have living with you had your residency/tenancy terminated for fraud, non-payment of rent or failure to comply with lease provisions? \_\_\_\_ YES \_\_\_\_ NO. If “YES”, please explain

Do you plan to have anyone living with you in the future who is not listed above?

\_\_\_\_ YES \_\_\_\_ NO. IF YES, PLEASE EXPLAIN:

If you have listed a child or children above, do you have full custody of your child(ren) listed above? \_\_\_\_ YES \_\_\_\_ NO. Explanation of custody arrangements:

Have you or anyone you plan to have living with you been convicted of a felony?

\_\_\_\_ YES \_\_\_\_ NO. If “YES”, please list the disposition behind each incident involving all members of the proposed household:

Do you have any family members or friends who currently work at this property and/or with John Stewart Company, the Management Agent?

YES. \_\_\_\_\_ If “YES”, name of employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NO. \_\_\_\_\_

Do you have a section 8 voucher or certificate? \_ \_\_\_ Expiration Date:

Yes No

***Please list at least two (2) years of rental history below. If experiencing homelessness, please indicate that you are homeless and the time period.***

*1.* **CURRENT LANDLORD**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE #:  FAX #:

WHAT IS YOUR CURRENT RENT? \_\_\_\_\_\_\_\_\_\_\_\_

LANDLORD'S ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF MOVE-IN:

YOUR ADDRESS/APT. #:

2. **PREVIOUS LANDLORD**:

PHONE #: FAX #:

RENT AMOUNT: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LANDLORD'S ADDRESS:

DATE OF MOVE-IN: DATE OF MOVE-OUT:

YOUR ADDRESS/APT. #:

**INCOME INFORMATION**

Does any family member now receive or expect to receive income from any of the following sources? For each “YES” answer, provide the details in the chart below:

### Income Monthly Gross Income

|  |  |  |
| --- | --- | --- |
| **Yes No** | I/we am self-employed. (List nature of self employment and Family Member)    1)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | (use net income from business)  $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Yes No** | I/we have a job and receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation: List the businesses and/or companies that pay you:  Name of Employer / \_\_ Family Member  1)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Yes No** | I/we receive cash contributions of gifts including rent or utility payments, on an ongoing basis from persons not living with me. | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Yes No** | I/we receive unemployment benefits.  Family Member  1)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  receive unemployment benefits. | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Yes No** | I/we receive Veteran’s Administration, GI Bill, or National Guard/Military benefits/income. | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Yes No** | I/we receive periodic social security payments.  Family Member  1)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Yes No** | The household receives unearned income from family members age 17 or under (example: Social Security, Trust Fund disbursements, etc.). | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Yes No** | I/we receive Supplemental Security Income (SSI).  Family Member  1)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Yes No** | I/we receive disability or death benefits other than Social Security.  Family Member  1)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Yes No** | I/we receive Public Assistance Income (examples: TANF, AFDC) | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Yes No**  **Yes No** | I/we am entitled to receive child support payments.  I/we am currently receiving child support payments. | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Yes No** | I/we receive alimony/spousal support payments | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Yes No** | I/we receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, or lottery winnings.  If yes, list sources and Family Member 1)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Yes No** | I/we receive income from real or personal property. | (use net earned income)  $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Yes No** | I/we receive student financial aid (public or private, **not including student loans**).  Family Member  1)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | TOTAL HOUSEHOLD MONTHLY INCOME | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | **TOTAL HOUSEHOLD ANNUAL INCOME**  **(TOTAL MONTHLY INCOME x 12)** | **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

## **Asset Information**

### Interest Rate Cash Value

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes No** | I/we have a checking account(s). If yes, list bank(s) and Family Member 1)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_%  \_\_\_\_\_\_\_% | $\_\_\_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Yes No** | I/we have a savings account(s) If yes, list bank(s) and Family Member. 1)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_%  \_\_\_\_\_\_\_% | $\_\_\_\_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Yes No** | I/we have a revocable trust(s) If yes, list bank(s)  1)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | $\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Yes No** | I/we own real estate. If yes, provide description:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | $\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Yes No** | I/we own stocks, bonds, or Treasury Bills  If yes, list sources/bank names  1)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_%  \_\_\_\_\_\_%  \_\_\_\_\_\_% | $\_\_\_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Yes No** | I/we have Certificates of Deposit (CD) or Money Market Account(s). If yes, list sources/bank names and Family Member 1)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_%  \_\_\_\_\_\_\_% | $\_\_\_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Yes No** | I/we have an IRA/Lump Sum Pension/Keogh Account/401K. If yes, list bank(s) and Family Member 1)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_%  \_\_\_\_\_\_\_% | $\_\_\_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Yes No** | I/we have a whole life insurance policy.  If yes, how many policies \_\_\_\_\_\_\_\_\_\_ |  | $\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |
| **Yes No** | I/we have cash on hand. |  | $\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Yes No** | I/we have disposed of assets (i.e. gave away money/ assets) n for less than the fair market value in the past 2 years. If yes, list items and date disposed:  1)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | $\_\_\_\_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Yes No** | I/we have income from assets or sources other than those listed above. If yes, list type below:  1)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_%  \_\_\_\_\_\_\_% | $\_\_\_\_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_\_\_\_ |

## **Student Status**

### Yes No

|  |  |
| --- | --- |
|  | Does the household consist of persons who are all full-time students ( Ex: College/University, trade school, etc.)? |
|  | Does your household anticipate becoming a full-time student household in the next 12 months? |

**PLEASE CONSIDER COMPLETING THIS OPTIONAL SECTION:**

Do you require special unit design features for mobility impairment? Yes\_\_\_\_\_ No\_\_\_\_\_\_

Do you require special unit design features for visual impairment? Yes\_\_\_\_\_ No\_\_\_\_\_\_

Do you require special unit design features for hearing impairment? Yes\_\_\_\_\_ No\_\_\_\_\_\_

**APPLICANT CERTIFICATIONS**

1. I/we certify that if selected to move into this project, the unit I/we occupy will be my/our primary residence.

2. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief.

3. I/we understand that false statements or information are punishable under federal law and cause for immediate denial of housing.

3. I/ we acknowledg that any information and/or documentation I have provided relative to my eligibility and application for housing in general, and specifically relative to homelessness status, disability status, veteran status, and eligibility for Veterans Affairs healthcare services is true, complete, and correct to the best of my knowledge

4. I/we understand we must provide written notification of any changes to the information on this form, especially address and telephone number.

5. I/we understand that the above information is being collected to determine my/our eligibility for an apartment. I/we authorize the owner to verify all information provided on this application and to contact previous or current landlords, employers, or other sources for credit and verification information which may be released by appropriate federal, state, local agencies, or private persons to the owner/management.

6. I/we agree to allow management to perform a consumer credit check and criminal background check on all adult household members. (I/we may request copies of these documents.) This will be required prior to an application being processed.

7. I/we understand that housing is subject to availability and completing this application in no way guarantees that I will be offered a unit.

APPLICANT NAME (PLEASE PRINT):

APPLICANT SIGNATURE: DATE:

\*How did you hear about our apartment community?

\_\_\_\_ Newspaper \_\_\_\_\_Flyer \_\_\_\_\_\_Word of mouth \_\_\_\_\_\_ Social Service Agency/Case Manager

\_\_\_\_Other (please state) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you!

**Beacon Pointe - GROUNDS FOR DENIAL OF RENTAL APPLICATION**

We welcome your application to rent an apartment at Beacon Pointe. It is the responsibility of each applicant to provide any and all information required to determine eligibility. **Persons with Disabilities may be entitled to reasonable accommodations**. Applicants will be made aware of their right to reasonable accommodation in cases where disability status is a contributing factor to poor credit or evictions. The following lists the reasons why we might deny your application.

**(1) Credit** (An exception for extraordinary medical expenses may be permitted.)

a) A non-discharged bankruptcy (within the last three years).

**(2) Rental History**

a) A judgment against an applicant obtained by the current or previous landlord.

b) An unmet obligation owed to a previous landlord.

c) The applicant must have made timely payments of the last year's rental payments.

**(3) Personal History**

a) Observed violent, harassing, or abusive behavior, (physical or verbal), in which the applicant was determined to be the antagonist.

b) Beacon Place Apartments will follow Housing First practices. Applicants will not be denied based on sobriety or use of substances except where such use poses a danger to the residents, guests, vendors, or staff of the community.

**(4) Criminal Background Check**

a) If the applicant or any adult household member is subject to any state’s sex offender lifetime registration requirement.

b) An established pattern of serious criminal activity

c) The manufacturing or selling of any drugs or illegal substances, or established pattern of manufacturing or selling of any drugs or illegal substances.

d) Physical violence to persons or property, violent criminal activity, sexual abuse, illegal weapons possession, any form of assault, breaking and entering, burglary or drug related criminal activity, or any act that would threaten the health, safety or right to peaceful enjoyment by other residents, or employees and contractors who work with the community.

**(5) Annual Income/Occupancy standard/other program regulations**

a) Annual Income (including assets) not within the established restrictions for the property.

b) Household size must meet the established occupancy standard for the property.

c) Applicant must meet all program regulated eligibility requirements.

**(6) Documentation**

Each potential occupant must provide all documentation required by the selection process. If an applicant does not show up for an interview, or provide at a minimum the following documentation it is grounds for denying the application:

a) Completed and signed application, release of information, grounds for denial, and application fee (if required).

b) Landlord references covering the last five years of residency or verification of homelessness from a third-party organization*.*

c) Appropriate proof of all income sources and assets.

d) Any other documents required to determine eligibility.

**(7) Offer of an Apartment**

Applicants will be offered only one apartment. Declining the offer of an apartment is considered to be a withdrawal of the application by the applicant.

**I HAVE READ AND UNDERSTOOD THE FOREGOING AND FIND THEM TO BE REASONABLE REASONS MY RENTAL APPLICATION CAN BE DENIED. I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ATTACHED HOUSING AND INCOME STATEMENTS ARE TRUE AND CORRECT.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Applicant Name Signature Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Print Applicant Name Signature Date**