



9451 Olive Street Suite 70

Fontana, CA 92335

Ph. 909-350-1005

ROSENA FOUNTAINS

www.RosenaApartments.com

Dear Applicant:

Thank you for your interest in **Rosena Fountains**. Rosena Fountains, in the heart of Fontana, California! This beautiful neighborhood will provide a haven within the city. With convenient access to the I-10 freeway, Rosena Fountains will present limitless opportunities for you to enjoy your favorite destinations.

We will accept portable Section 8 Vouchers and other tenant-based rental programs.

We are a pet-friendly community and gladly welcome your furry friends.

Our professional team is dedicated to providing speedy and excellent service to create a lifestyle of comfort and convenience to our residents.

We are currently accepting applications for Rosena Fountains. Please do not submit more than one application per household. Duplicate applications or applications submitted by more than one household member will not be accepted.

Application Submission: Completed applications may be submitted in person or mailed.

**Rosena Fountains
9451 Olive Street Suite 70
Fontana, CA 92335**

Email: Rosena-Fountains@Related.com | **Phone:** (909) 350-1005

Fax: (909) 350-1006 | **TTY:** (877) 735-2929

Unit Type	Household Size*	Rents*	Household Income Limits*
2 Bedrooms	2 – 5	\$360-\$815	\$12,285-\$43,680
3 Bedrooms	4 – 7	\$412-\$938	\$14,175-\$50,160

*Gross rents, income limits and rents are subject to change based on area median income data when published by HUD (AMI). Income and rent information is subject to change. Additional screening criteria will be considered for qualification.

Eligibility for Rosena Fountains is determined by household size, minimum and maximum income restrictions and additional screening criteria. All applicants will be screened utilizing published resident selection criteria. The filing of this application in no way guarantees you an apartment. An incomplete application will not be accepted and will be returned for full completion (only once). Please do not submit more than one application per household or copies of an application. Duplicate applications or applications submitted by more than one household member will not be accepted. Misleading, willful false statements or misrepresentations will be grounds for rejection of this rental application.



Equal Housing Opportunity. Non-Discrimination on the Basis of Disability

E-mail: Rosena-Fountains@Related.com | Phone: (909) 350-1005

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Proudly Managed by:





Application For Occupancy

Rosena Fountains Apartments
 9451 Olive Street Suite 70
 Fontana, CA 92335
www.RosenaApartments.com

For Related Management Company
 Office Use Only:

Date Received: _____
 Application #: _____

Rosena Fountains is a Smoke-Free Community

This application is to be completed by the head of household. All questions must be answered. If any questions are left blank, the application will be returned. If a question does not apply, please write "N/A." Head of household and all adult family members must sign the last page.

Head of Household Full Name:		
Street Address/Apartment Number:	City, State:	Zip Code:
Home Phone: () -	Secondary Phone: () -	Email Address:
Check which size units you would like to be considered for: <input type="checkbox"/> Two Bedroom <input type="checkbox"/> Three Bedroom	Are you requesting a unit with special accommodations for any member of your household due to the following disabilities? <input type="checkbox"/> Mobility <input type="checkbox"/> Visual <input type="checkbox"/> Hearing	
Do you currently have a Section 8 voucher? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, through what Agency: _____	

Housing Status

Complete each category as applicable, or write "N/A."

Current Address:		How long have you lived at this address?
Current Managing Agent/Apartment Community Name:		Managing Agent Phone: () -
Check the size of your current residence: <input type="checkbox"/> Studio <input type="checkbox"/> One Bedroom <input type="checkbox"/> Two Bedroom <input type="checkbox"/> Three Bedroom <input type="checkbox"/> Other (specify):	Total monthly rent for your apartment: \$	Is the lease in your name? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you sharing your apartment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Your portion of monthly rent: \$	Does your current rent include utilities? <input type="checkbox"/> Yes <input type="checkbox"/> No
Average monthly utility expenses: \$	Is your landlord a relative? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you pay your own rent? <input type="checkbox"/> Yes <input type="checkbox"/> No; if no, who does?
Is your current rent subsidized through Section 8? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for wanting to move:	Do you have any pets? <input type="checkbox"/> Yes <input type="checkbox"/> No; if yes, describe:
Are you currently without a regular nighttime residence? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you relocating due to violent or unsafe conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No	
List your prior addresses information below, if you have lived at your current address for less than 5 years:		
Previous Address:		How long have you lived at this address?
Previous Managing Agent Name/ Apartment Community Name:		Previous Managing Agent Phone: () -
Previous monthly rent: \$	Reason for moving:	

Household Information

List all persons who will occupy the apartment, including yourself and persons anticipated to join the household (e.g., unborn child/children of expectant household members, children to be adopted, live-in aides, etc.).

Household Member Full Name:	Relationship to Head of Household:	Sex: (Male, Female, Decline to Answer)	Date of Birth:	Last 4 digits of SSN:
1.	Head of Household			
2.				
3.				
4.				
5.				
6.				
7.				

Income from Employment

List all **current** full-time and/or part-time employment income for all household members. (Include self-employment gross earnings and net taxable income.) If you do not currently receive income from employment, please write "N/A." See next page for non-employment sources of income.

Household Member Full Name	Occupation	Employer Name/Address/Phone	Start Date	Gross Earnings (Before Deductions and Taxes):
		_____ _____ () -		\$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
		_____ _____ () -		\$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
		_____ _____ () -		\$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
		_____ _____ () -		\$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
		_____ _____ () -		\$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
		_____ _____ () -		\$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
		_____ _____ () -		\$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly

Income from Other Sources

List any and all other income sources not previously reported, including but not limited to: Social Security, S.S.I., AFDC/TANF, pension, disability compensation, Armed Forces regular and special pay, unemployment compensation, alimony, child support, annuities, dividends, income from rental property, recurring monetary contributions, etc. If you do not have any sources of additional income, please write "N/A."

Household Member Full Name	Type of Income	Income Amount	Frequency
		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly

Assets

Complete each category as applicable, or write "N/A."

Checking Account	Last 4 Digits of Account Number:	Current Balance as of Last Statement Date: \$ as of / /
Name/Address of Bank		
Additional Checking Account	Last 4 Digits of Account Number:	Current Balance as of Last Statement Date \$ as of / /
Name/Address of Bank		
Savings Account	Last 4 Digits of Account Number:	Current Balance as of Last Statement Date \$ as of / /
Name/Address of Bank		
Money Market Account	Last 4 Digits of Account Number:	Current Balance as of Last Statement Date \$ as of / /
Name/Address of Bank		
Certificate of Deposit Account	Last 4 Digits of Account Number:	Current Balance as of Last Statement Date \$ as of / /
Name/Address of Bank		
401K/Other Retirement Account	Last 4 Digits of Account Number:	Current Balance as of Last Statement Date \$ as of / /
Name/Address of Bank		
Do you receive income in the form of a pre-paid debt card (e.g. Direct Express, EBT, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Current Balance as of Last Statement Date \$ as of / /
Do you own any stocks/bonds ? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is the current value? \$	
Do you own any savings bonds ? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is the current value? \$	
Do you own any real estate ? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is the current value? \$	
Have you ever owned any real estate? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when? _____ When was it sold? _____ For how much? \$ _____	
Has any adult family member sold, given away, or otherwise disposed of any assets for less than fair market value during the past two years? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list each asset and the amount received for each asset: Type of Asset _____ Amount \$ _____ Type of Asset _____ Amount \$ _____ Type of Asset _____ Amount \$ _____	

Student Status

List all household members that are currently enrolled in an educational program, or write "N/A."

Full Name of Student:	School Name/Address/Phone:	Enrollment Status:
	_____	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
	_____	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
	_____	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
	_____	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
	_____	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
	_____	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
	_____	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time

Program Information

Complete each category as applicable, or write "N/A."

How did you hear about Rosena Fountains ?	Why are you applying to rent from us?
Were you or any member of your household ever convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?
Explain circumstances briefly:	
Have you or any member of your household ever been evicted? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?
Explain circumstances briefly:	
Has anyone in your household been convicted of violating any drug-related laws? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?
Explain circumstances briefly:	
Is anyone in your household currently engaged in the use of illegal drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Explain circumstances briefly:	
Is anyone in your household engaged in a pattern of alcohol abuse that could interfere with others' health, safety and right to peaceful enjoyment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Explain circumstances briefly:	

You have certain rights under federal, state, and local laws with respect to your consumer report. In evaluating your application, a consumer reporting agency listed below may provide us with information.

Credit Bureaus:

- Experian (TRW), Attn: NCAC, P.O. Box 2002, Allen, TX 75013 (888) 397-3742
- TransUnion, Consumer disclosure center, 2 Baldwin Place, P.O. Box 1000, Chester, PA 19022 (800) 888-4213
- Equifax (CBI), PO Box 740241, Atlanta, GA 30374 (800) 685-1111

Civil Records:

- First American Registry, Inc., Attn: Consumer Relations, 11140 Rockville Pike, PMB 1200, Rockville, MD 20852 (888) 333-2413

Additionally, you have a right to (1) inspect and receive one free copy of such report by contacting the consumer reporting agencies listed above; (2) obtain a free copy of the report from each national consumer reporting agency annually, and/or a report from www.annualcreditreport.com; and (3) dispute any inaccurate information in the report with the consumer reporting agency.

By signing, you authorize us to contact any references listed and to obtain consumer reports, which may include credit, rental payment history and criminal background information about you and any occupants in the premises in order to verify the above information.

X

Signature of Head of Household

Date

WARNING: Misleading, willful false statements or misrepresentations will be grounds for rejection of this rental application. An incomplete application will not be accepted and will be returned for full completion (only once).

I declare that the statements contained in this application are true and correct to the best of my knowledge.

X

Signature of Head of Household

Date

X

Signature of Applicant Over Age 18

Date

X

Signature of Applicant Over Age 18

Date

Attention

Please do not submit more than one application per household or copies of an application. Duplicate applications or applications submitted by more than one household member will not be accepted.

The filing of this application in no way guarantees you an apartment.

We do not insure your personal property; we encourage you to purchase renter's insurance for your personal belongings.

