



Marina Heights Apartments

2 Marina Boulevard, Pittsburg, CA 94565

Marinaheightsmgr@Apertopm.com

Ph: (925) 439-1110 Fax: (925) 439-7801

Hello!

Thank you for your interest in Marina Heights Apartments! Below are the income limits per household size as well as the rental amounts. Applicants must gross 2.5 times the rent amount monthly (this information does not apply to Section 8 Voucher Holders). The Application Fee is \$45 per application per adult. The Holding deposit is \$100 per application.

****Rent and Income limits are subject to Change****

Occupants	50% Maximum Income	60% Maximum Income
1	\$55,950	\$67,140
2	\$63,950	\$76,740
3	\$71,950	\$86,340
4	\$79,900	\$95,880
5	\$86,300	\$103,560

Occupancy Standards

Unit Size	Minimum Occupancy	Maximum Occupancy
0 bedroom	1 person	2 persons
1 bedroom	1 person	3 persons
2 bedrooms	2 persons	5 persons
3 bedrooms	3 persons	7 persons
4 bedrooms	4 persons	9 persons

RENTAL AMOUNTS:

Unit Size	50%	60%
0 bedroom/ Studio	\$1343	\$1623
1 bedroom	\$1430	\$1730
2 bedrooms	\$1705	\$2065

If you have any questions, please do not hesitate to reach out to the office at (925) 439-1110 or email Marinaheightsmgr@Apertopm.com.

Thank you,

Aperto Property Management

AFFORDABLE APPLICATION FOR APARTMENT HOME RENTAL

Applicant Name:

- Each household member 18 years of age and older must sign the application.
- Incomplete applications will not be processed. To consider your application, it must reflect all income, assets, signature and date completed. All lines must be filled, you may write "None", "No" or "N/A". Do not use whiteout, if you need to make a correction, put one line through the incorrect information, write the correct information above, and initial the change.
- The property shall be occupied only by the person(s) named on this application unless prior written authorization is obtained from the Landlord.
- We will process your application according to our standard procedures which are summarized in the Tenant Selection Plan, provided to you.
- **Applicants for Federally Assisted Housing Only:**
 - A. The Social Security Number requirements do not apply to 1) Individuals aged 62 or older as of January 31, 2010, whose initial determination of eligibility was begun before January 31, 2010 2) Individuals who do not contend eligible immigration.
 - B. To remain active on the waiting list, application must be updated every twelve months. It is your responsibility to contact us whenever your address, telephone number or income situation changes, or whenever you need to add or remove a household member from your application.

Household Information

1	Name:		Date of Birth:	SSN/ ITIN:	Phone:
	Sex: M F D	E-mail:	Student Status: FT PT N/A		Relationship:
2	Name:		Date of Birth:	SSN/ ITIN:	Phone:
	Sex: M F D	E-mail:	Student Status: FT PT N/A		Relationship:
3	Name:		Date of Birth:	SSN/ ITIN:	Phone:
	Sex: M F D	E-mail:	Student Status: FT PT N/A		Relationship:
4	Name:		Date of Birth:	SSN/ ITIN:	Phone:
	Sex: M F D	E-mail:	Student Status: FT PT N/A		Relationship:
5	Name:		Date of Birth:	SSN/ ITIN:	Phone:
	Sex: M F D	E-mail:	Student Status: FT PT N/A		Relationship:
6	Name:		Date of Birth:	SSN/ ITIN:	Phone:
	Sex: M F D	E-mail:	Student Status: FT PT N/A		Relationship:



Applicant Name:

HOUSING INFORMATION: Two-year minimum housing history is mandatory

Attach a supplemental sheet if necessary

Present Address	Street Address:		City:	County:	State:	Zip:
	From: / /	To: / /	Is this Federally Assisted Housing?		Amount of Rent, if applicable: \$	
	Landlord/Contact Name:	Landlord/Contact Phone:	Landlord/Contact Address:			

Previous Address	Street Address:		City:	County:	State:	Zip:
	From: / /	To: / /	Was this Federally Assisted Housing?		Amount of Rent, if applicable: \$	
	Landlord/Contact Name:	Landlord/Contact Phone:	Landlord/Contact Address:			

INCOME INFORMATION: All Sources of Income for All Family Members

You must report all income below. Attach a supplemental sheet if necessary

Household Member:	Source of Income:	Contact email:	
Phone Number:	Address:	Income: \$ per hr /wk /mo / yr	Start Date:

Household Member:	Source of Income:	Contact email:	
Phone Number:	Address:	Income: \$ per hr /wk /mo / yr	Start Date:

Household Member:	Source of Income:	Contact email:	
Phone Number:	Address:	Income: \$ per hr /wk /mo / yr	Start Date:

Household Member:	Source of Income:	Contact email:	
Phone Number:	Address:	Income: \$ per hr /wk /mo / yr	Start Date:

ASSET INFORMATION: All Sources of Asset Information for All Family Members

You must report all income below. Continues on page 3.

Household Member:	Name of Institution:	Current Balance: \$	Type of Asset:
1.			



Applicant Name: _____

2.			
3.			
4.			

1. What unit size are you applying for? _____
2. Do you require a handicap or accessible unit? _____
3. Do you or a household member claim disability? _____
4. Do you or anyone in your household anticipate change in household composition during the next 12 months? ____ If Yes, please explain: _____
5. Have you or any proposed occupant listed in this application ever been Evicted or Displaced? ____
If Yes, please explain: _____
6. Are any members of your household subject to the lifetime state sex offender registration program in any state? ____ If Yes, please explain: _____
7. Are there any members applying for this apartment community who do not have legal immigration status? ____
If Yes, how many members? _____
8. Are any members of your household a victim of domestic violence, dating violence, sexual assault or stalking, that can be verified through a third-party (i.e. a police report, restraining order, other legal forms and documentation or a completed Form HUD-5382)? _____
9. Do you have any pets? ____ If yes, how many? _____ Describe: _____

VEHICLE INFORMATION:

VEHICLE(S)/RECREATIONAL #1 (Make, Model, Color, Year): _____

License Plate: _____ State: _____

EMERGENCY CONTACT INFORMATION:

Name: _____ Relationship: _____

Cell Phone: _____ Alt Phone: _____

I understand that this application for an apartment is subject to acceptance or denial. I hereby state that the information set forth above is true and complete and authorize verification of the information and references given including the investigation of a professional credit check, arrest/convictions record and background check for all applicants. I understand that it is a crime to knowingly provide false information for the purpose of obtaining or maintaining occupancy and/or for the purpose of securing a lower rent in a subsidized housing development. Should any statement made above be a misrepresentation or untrue, the application will be immediately declined, and the application fee will be retained as compensation to



Applicant Name: _____

the agent for holding the apartment off the market. If move-in has already occurred, providing false or misleading information may result in the termination of my lease and the eviction of me and my household.

It is understood the partial security deposit received in the amount of \$100, will be returned if applicant is not accepted as a resident. If accepted and the resident does not move in on the starting date given, the amount received is hereby acknowledged as liquidated damages for non-performance and will be forfeited by the resident as compensation for holding the apartment off the market. I understand I may cancel this application by written notice within 72 hours and received a full refund of security deposit. If I cancel after 72 hours, I understand I forfeit the security deposit.

Notice: under California law, applicants receiving a government rent subsidy have the option, at the applicant's discretion, of providing lawful, verifiable alternate evidence of the applicant's reasonable ability to pay tenant's portion of the rent. This includes without limitation, government benefit payments, pay records, and bank statements. If an eligible applicant elects to submit alternative evidence, we will consider this alternative evidence in lieu of obtaining the applicant's credit history.

I hereby consent to allow Landlord through its designated agent and its employees, to obtain and verify my credit information for the purpose of determining whether or not to lease an apartment to me. I understand that should I lease an apartment, Landlord and its agent shall have the continuing right to review my credit information, rental application, payment history and occupancy history for account review purposes and for improving application review methods.

_____ HEAD OF HOUSEHOLD- PRINTED NAME	_____ APPLICANT SIGNATURE	_____ DATE
_____ APPLICANT 2- PRINTED NAME	_____ APPLICANT SIGNATURE	_____ DATE
_____ APPLICANT 3- PRINTED NAME	_____ APPLICANT SIGNATURE	_____ DATE
_____ APPLICANT 4- PRINTED NAME	_____ APPLICANT SIGNATURE	_____ DATE
_____ MANAGER'S PRINTED NAME	_____ MANAGER SIGNATURE	_____ DATE

PENALTIES FOR MISUSING THIS CONSENT:

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, the PHA, and any owner (or any employee of HUD, the PHA, or the owner) may be subject to penalties for unauthorized disclosures or improper uses 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 willfully 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, the PHA, 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).

Violations of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

Aperto Property Management, Inc. * DRE Broker #02042194

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Applicant Name:

RECEIPT AND ITEMIZATION FOR TENANT SCREENING FEES

On , Landlord received \$ 45.00 from the
 (Date)

undersigned, hereinafter called "Applicant," who seeks to rent from Landlord the premises located at

Address: _____ Unit _____ City Pittsburg State: CA Zip 94565

Payment is to be used to screen "Applicant". The amount charged is itemized as follows:

- | | |
|---|----------|
| 1. Actual cost of credit report, unlawful detainer (eviction) search, and/or other screening reports | \$ 24.00 |
| 2. Cost to obtain, process and verify screening information (may include staff time and other soft costs) | \$ 21.00 |
| 3. Total fee charged (cannot exceed the amount fixed by law) | \$ 45.00 |

For Landlord Use Only

Screening fees paid by:

☐ Personal Check ☐ Cashier's Check ☐ Money Order
☐ Other: _____

Marina Heights Apartments

Community Name

by

Individual Signing for Landlord

Aperto Property Management, Inc. Agent for Landlord. Date: _____
Management Co.

Option to receive receipt by email. Please provide your email address here:

(Applicant fill in email address, if electing email receipt)

If you do not provide a valid email address, your receipt will be provided personally or mailed to the present address listed in Part 1 of this Application.

Aperto Property Management, Inc. * DRE Broker #02042194



Applicant Name:

INVESTIGATIVE CONSUMER REPORTING AGENCIES ACT DISCLOSURE
(CALIFORNIA APPLICANTS ONLY)

Please be advised that landlord intends to request an investigative consumer report regarding the Applicant's character, general reputation, personal characteristics, and mode of living.

Under Section 1786.22 of the California Civil Code, the files maintained on you by the investigative consumer agency shall be made available to you during business hours and on reasonable notice, provided you furnish proper identification, as follows:

1. You may appear at the investigative consumer reporting agency identified below.
2. You may make a written request for copies to be sent by certified mail to a specified addressee.
3. You may make a written request for a summary of the file to be provided over the telephone.

The agency may charge a fee, not to exceed the actual duplication costs, if you request a copy of your file.

The agency will provide trained personnel to explain any information furnished to you and will provide an explanation of any coded information contained in files maintained on you.

You may be accompanied by one other person of your choosing, who must furnish proper identification. The agency may require you to furnish a written statement granting permission to the agency to discuss your file in such a person's presence.

Landlord agrees to send the report to Applicant within three (3) business days of the date the report is provided to Landlord. Landlord may contract with another entity to send a copy of the report.

The Investigative Consumer Report will be conducted by:

RentGrow Consumer Relations
177 Huntington Avenue, Suite 1703 #74213
Boston MA 02115

Aperto Property Management, Inc. * DRE Broker #02042194



Screening Fee Disclosure

Landlord will require payment of a fee, which is to be used to screen Applicant. The total amount of the fee is specified on the Receipt and Itemization for Tenant Screening Fees.

As required by California Civil Code Section 1950.6, Landlord's screening process complies with the policy indicated below:

First Qualified, First Approved. Landlord's written screening criteria are provided together with this Application. Completed applications are considered in the order received, and the first applicant who meets Landlord's screening criteria will be made an offer to rent. Applicants are not charged a screening fee unless or until their application is actually considered. In the event Landlord inadvertently charges screening fees to multiple applicants as the result of concurrent submissions, Landlord will refund the screening fee within 7 days to any applicant whose application is not considered, except as otherwise agreed by applicant. Landlord is not required to refund a screening fee to an applicant whose application is denied, after consideration, because the applicant does not meet the landlord's established, written screening criteria.

Equal Housing Opportunity Policy

This policy affirms the commitment to ensuring fair and equitable housing practices in accordance with all applicable local, state, and federal fair housing laws. Housing accommodations must be provided to all individuals without discrimination based on race, color, religion, age, sex, sexual orientation, gender identity, gender expression, genetic information, marital status, military or veteran status, national origin, ancestry, immigration status, familial status, source of income, disability, or status as a survivor of domestic violence, dating violence, sexual assault, stalking, human trafficking, or elder or dependent adult abuse.

Commitment to Equal Housing

Fair housing is best achieved through leadership, education, and cooperation among landlords, property managers, and the community. To uphold these principles, Landlord agrees to the following commitments:

1. Housing opportunities will be offered to all applicants and residents equally in all aspects of rental, or leasing.
2. Rental policies, rules, and guidelines will be applied consistently and fairly to ensure equal treatment throughout a resident's tenancy.
3. Information regarding the racial, religious, or ethnic composition of a neighborhood will not be disclosed, nor will any practice that results in "steering" be engaged in.
4. All advertising and statements related to rental housing will be free from any language or implication of preference, limitation, or discrimination.

Adherence to this policy ensures compliance with fair housing laws and reinforces our commitment to providing equal housing opportunities for all individuals.



Aperto



TENANT RELEASE

Date: _____ Applicant/Resident Name: _____
Property Name: Marina Heights Social Security Number: _____
Property Address: 2 Marina Blvd Application/Unit Number: _____
Pittsburg, CA 94565 Property Fax #: _____
Property Phone #: (925) 439-1110 Property Email Address: dwingo@apertopm.com

I/We, the undersigned hereby authorize the above listed company to gather information on my behalf regarding to employment, income, assets and/or residential history. I further release my information without liability my information regarding for purposes of verifying information on my/our Apartment Rental (owner or agent) Application.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity; employment; income and/or assets. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for a continued participation as a Qualified Resident(s).

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to the following:

Past & Present Employers	Veteran's Administration
Previous Landlords (including Public Housing Agencies)	Retirement Systems
Child Support and Alimony Providers	Banks and other Financial Institutions
Welfare Agencies	Credit Reporting Agencies
State Unemployment Agencies Social	EIV Screening
Security Administration Criminal and	
Sex Offender Screening	

CONDITIONS

I/We 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 period of 120 days from the date signed. I/We understand that I/we have a right to review the information that has been supplied and correct the any incorrect information that may be given.

SIGNATURES

APPLICANT/RESIDENT SIGNATURE

PRINT NAME

DATE

APPLICANT/RESIDENT SIGNATURE

PRINT NAME

DATE

APPLICANT/RESIDENT SIGNATURE

PRINT NAME

DATE

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.

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Landlord Verification

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To:		Please return this form to:	
Name:		Property Name: Marina Heights	
Address:		Address: 2 Marina Blvd. Pittsburg, CA 94565	
Email:		Email: MarinaHeightsMGR@Apertopm.com	
Ph:	Fax:	Ph: (925) 439-1110	Fax: (925) 439-7801

APPLICANT/RESIDENT

Consent to Release Information: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

You do not have to sign this form if the requesting organization or the organization supplying the information is left blank.

Applicant/Resident Full Name:		Unit:
Date of Birth:	Last 4 Digits of SSN:	
Applicant/Resident Signature:		Date:

VERIFICATION PROVIDER

The individual listed above has indicated they previously rented at your property. Please answer the below questions.

Continue Form and Sign on Page 2



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)."

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Please fill out all sections of this form, writing N/A if not applicable.

1. Does the above named person have a current lease with you? ☐ Yes ☐ No
2. Is this a project-based Section 8 property? ☐ Yes ☐ No
3. Dates of occupancy: from ____/____/____ to ____/____/____
4. Rent amount: \$_____
5. Was rent ever late? ☐ Yes ☐ No
 - a. If Yes, how late was the rent? _____ How often was it late? _____
6. Have you ever started eviction proceedings for non-payment of rent for this tenant? ☐ Yes ☐ No
7. Have the tenant's utilities ever been disconnected? ☐ Yes ☐ No
8. Does this person owe you any money? ☐ Yes ☐ No
9. Were there any issues in the apartment with cleanliness, safety, and/or sanitation? ☐ Yes ☐ No
10. Has the person named above caused any extensive damage to unit? ☐ Yes ☐ No
 - a. If Yes, has the damaged been paid for? ☐ Yes ☐ No
11. Will you (did you) keep the security deposit? ☐ Yes ☐ No
12. Was there any problem with insect/rodent infestations? ☐ Yes ☐ No
13. Did any unauthorized people live in the unit? ☐ Yes ☐ No
14. Has this person, family members, or guests ever engaged in criminal activity, including drug-related activity, at your property? ☐ Yes ☐ No
15. Has this person acted in a physically violent and/or verbally abusive manner towards neighbors or staff? ☐ Yes ☐ No
16. Would you re-rent to this person? ☐ Yes ☐ No
 - a. If No, please explain: _____
17. Has this person given appropriate notice to vacate? ☐ Yes ☐ No
 - a. If Yes, please list vacate date: ____/____/____
18. Are you a friend or relative of this person? ☐ Yes ☐ No
 - a. If Yes, please explain relationship: _____
19. Any additional comments: _____

I hereby state that everything on this statement is true to the best of my knowledge.

Name and Title (Print)

Agency/Organization

Date

Signature

Telephone

Email



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