

## PASEO VILLAGE APARTMENTS

1115 N. Citron St. Anaheim, CA 92801

☎ (714) 991-9172 • 📠 FAX (714) 991-9174 • TTY (877) 735-2929

# Rental Information & Application

Welcome to Paseo Village Apartments where we offer luxury housing at affordable rates! We offer 1, 2, and 3 bedroom apartment homes. A unique community designed for comfort and convenience, Paseo Village provides exceptional service and numerous amenities. All apartments include a refrigerator, gas cooking range, built-in dishwasher and air conditioning. Each apartment home is guaranteed one (1) assigned parking space.

In order to qualify for our housing program, there are income restrictions. Please review the attached Eligibility Requirement form before submitting your application.

Application fee is \$30.00 per adult and is not required until the initial interview. Once your application is received, we will contact you in writing within seven (7) business days as to your eligibility status. It is your responsibility to be sure we have current and accurate information should we need to contact you at any time.

Note that preferences for other property and homelessness are for reference purposes only, and have no bearing in the selection process.

Verification of all provided information will be necessary. A criminal background check and a home visit will also be performed prior to final approval. Please complete the application thoroughly and clearly, with a black/blue pen.

### 50% and 60% AMI

Household Size	# of Bedrooms	Annual Household Income *	Tenant Rent **
1 Person	1	\$37,830 to \$56,520	\$1,189 to \$1,473
2 Persons	1	\$37,830 to \$64,560	\$1,189 to \$1,473
2 Persons	2	\$45,390 to \$64,560	\$1,431 to \$1,748
3 Persons	2	\$45,390 to \$72,660	\$1,431 to \$1,748
4 Persons	2	\$45,390 to \$80,700	\$1,431 to \$1,748
5 Persons	2	\$45,390 to \$87,180	\$1,431 to \$1,748
3 Persons	3	\$52,440 to \$72,660	\$1,643 to \$1,993
4 Persons	3	\$52,440 to \$80,700	\$1,643 to \$1,993
5 Persons	3	\$52,440 to \$87,180	\$1,643 to \$1,993
6 Persons	3	\$52,440 to \$93,660	\$1,643 to \$1,993
7 Persons	3	\$52,440 to \$100,080	\$1,643 to \$1,993

\* Minimum Income does not apply to Section 8/PBV voucher holders

\*\* Rent amount subject to Program and Income Eligibility Requirements

**NOTE: DO NOT LEAVE ANY QUESTIONS BLANK – IF IT DOES NOT APPLY TO YOU, WRITE “N/A”**



# Application For Occupancy

## Paseo Village Apartments

1115 N. Citron St.

Anaheim, CA 92801

Phone: (714) 991-9172

TTY: (877) 735-2929

For Related Management Company  
Office Use Only:

Date Received: \_\_\_\_\_

Time Received: \_\_\_\_\_

Application #: \_\_\_\_\_

*Paseo Village 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 ((contact management for unit sizes specific to the property you are applying): <input type="checkbox"/> Studio <input type="checkbox"/> One Bedroom <input type="checkbox"/> Two Bedroom <input type="checkbox"/> Three Bedroom <input type="checkbox"/> Four Bedroom <input type="checkbox"/> Five Bedroom		Do you require a unit with special accessibility features for any member of your household for the following disabilities? <input type="checkbox"/> Mobility <input type="checkbox"/> Visual <input type="checkbox"/> Hearing
Check "Yes" if you have been displaced by one of the following state declared disasters: a) Urban Renewal Area; b) Disaster such as fire or flood; c) Government or state action; or d) Presidential-declared disaster: <input type="checkbox"/> Yes <input type="checkbox"/> No		

## Housing Status

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

Current Landlord Name/Address:		Landlord Phone: ( ) -
Current Managing Agent Name/Address:		Managing Agent Phone: ( ) -
Check the size of your current residence: <input type="checkbox"/> Studio <input type="checkbox"/> Three Bedrooms <input type="checkbox"/> One Bedroom <input type="checkbox"/> Four Bedrooms <input type="checkbox"/> Two Bedrooms <input type="checkbox"/> Other (specify):	How long have you lived at this address? ____ Years      ____ Months	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	Total monthly rent for your apartment: \$	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 not, who does?	Reason for wanting to move:
Do you currently have a portable Section 8 voucher? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is your current rent subsidized through Section 8? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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	
Previous Landlord Name/Address: (list only if you have lived at your current address for less than 2 years)		Previous Landlord Phone: ( ) -
Previous Managing Agent Name/Address:		Previous Managing Agent Phone: ( ) -
Previous monthly rent: \$	Reason for moving:	
Please list all states in which you have previously resided:		

# 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, or Decline to Answer)	Date of Birth:	Last 4 digits of SSN:
1.	Head of Household			
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Please list all household members who have served in the **U.S. military**:

# 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):
1.		_____ _____ ( ) -		\$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
2.		_____ _____ ( ) -		\$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
3.		_____ _____ ( ) -		\$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
4.		_____ _____ ( ) -		\$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
5.		_____ _____ ( ) -		\$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
6.		_____ _____ ( ) -		\$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
7.		_____ _____ ( ) -		\$ _____ <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:
1.		\$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
2.		\$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
3.		\$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
4.		\$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
5.		\$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
6.		\$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
7.		\$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly

# Assets

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

<b>Checking Account</b>	Last 4 Digits of Account Number:	Current Balance as of Last Statement Date: \$ as of / /
Name/Address of Bank		
<b>Additional Checking Account</b>	Last 4 Digits of Account Number:	Current Balance as of Last Statement Date \$ as of / /
Name/Address of Bank		
<b>Savings Account</b>	Last 4 Digits of Account Number:	Current Balance as of Last Statement Date \$ as of / /
Name/Address of Bank		
<b>Money Market Account</b>	Last 4 Digits of Account Number:	Current Balance as of Last Statement Date \$ as of / /
Name/Address of Bank		
<b>Certificate of Deposit Account</b>	Last 4 Digits of Account Number:	Current Balance as of Last Statement Date \$ as of / /
Name/Address of Bank		
<b>401K/Other Retirement Account</b>	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 <b>pre-paid debit card</b> (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 <b>stocks/bonds</b> ? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is the current value? \$	
Do you own any <b>savings bonds</b> ? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is the current value? \$	
Do you own any <b>real estate</b> ? <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:
1.	_____ _____ ( ) -	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
2.	_____ _____ ( ) -	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
3.	_____ _____ ( ) -	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
4.	_____ _____ ( ) -	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
5.	_____ _____ ( ) -	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
6.	_____ _____ ( ) -	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
7.	_____ _____ ( ) -	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time

# Program Information

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

Do you presently reside in a development where your rent is based upon your income? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain:
How did you hear about our development?	Why are you applying to our development?
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?
If yes, was the eviction from federally assisted housing for drug-related criminal activity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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:	

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](http://www.annualcreditreport.com); and (3) dispute any inaccurate information in the report with the consumer reporting agency.

Under the Fair Credit Reporting Act, you have a right to request disclosure of the nature and scope of the investigation. You must be told if information in your file has been used against you. You have a right to know what is in your file, and this disclosure may be free. You have the right to dispute incomplete or inaccurate information. Consumer reporting agencies must correct inaccurate, incomplete, or unverifiable information.

Additionally, I hereby acknowledge that I have received a Summary of Rights under the Fair Credit Reporting Act. A copy of the Summary of Rights was provided to me as an attachment to this application.

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Signature of Head of Household

Date

Moreover, an investigative consumer report may be obtained regarding your character, general reputation, personal characteristics and/or mode of living. The following investigative consumer reporting agency is used to prepare our investigative consumer reports:

- LeasingDesk Screening, 2201 Lakeside Blvd., Richardson, TX 75082, (866) 934-1124

Please check one of the following:

☐ I request a copy of the rental report obtained. It can be sent to me at the following address: \_\_\_\_\_

☐ I decline a copy of the rental report obtained.

Additionally, under *California Civil Code* §1786.22, if you wish to dispute the accuracy or completeness of any item in the consumer report, you may contact the consumer reporting agency above and request an investigation. You may also view the file maintained on you by the above credit reporting agency during normal business hours. You can receive a copy of your file by providing proper identification and paying related copy costs. You may also receive a summary of the file by telephone. The agency is required to have employees available to explain your file to you and they must explain any coded information in your file. You can bring someone with you to view the file, so long as they have identification.

I authorize you to obtain reports that may include credit reports, investigative consumer reports, unlawful detainer (eviction) reports, bad check searches, social security number verification, and previous tenant and employment history.

In connection with the application to rent the property located at 1115 N. Citron St., Anaheim, CA 92801

\_\_\_\_\_  
("Applicant") hereby authorizes the property owner (either directly or through its designated agents and its employees) to investigate Applicant's employment, financial, credit, criminal, litigation and rental history and to obtain reports that may include credit reports, investigative consumer reports, criminal record information, unlawful detainer (eviction) reports, employment history, bad check searches, social security number verification, and previous tenant and employment history.

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Signature of Head of Household

Date

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Signature of Applicant Over Age 18

Date

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Signature of Applicant Over Age 18

Date

# Preferences

**This community may participate in required preferences, please check with management prior to completing this section.**

Were you or any member of your household displaced by Redevelopment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If Yes, please list agency and the date of displacement _____	
Do you or any member of you household above have a Certification as Homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If Yes, please confirm with Management and explain _____	
Do you currently have a portable Housing Choice Voucher? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If Yes, please list the Housing Authority: _____	Bdrm Size: _____
Are you or any member above on any local Housing Authority Waitlist? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If Yes, please list the Housing Authority: _____	Member #: _____
For How Long? _____	Bdrm Size _____
Do you or any member qualify for any local live/work preference (please confirm with management)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If Yes, please list all that apply: _____	
Do you or any member qualify for the other property preferences (confirm with management)? _____	
If yes, please list all that apply: _____	

**WARNING: MISLEADING WILLFULL FALSE STATEMENTS OR MISRPRESENTATIONS OF THIS APPLICATION WILL BE GROUNDS FOR REJECTION OF THIS APPLICATION. AN INCOMPLETE APPLICATION WILL BE RETURNED TO THE APPLICANT FOR FULL COMPLETION (ONLY ONCE).**

**I DECLARE THAT THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRU AND COMPLETE TO THE BEST OF MY KNOWLEDGE**

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant Over Age 18

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant Over Age 18

\_\_\_\_\_  
Date

# Demographic Data

*The following information is used only to determine program utilization for statistical purposes. This information will not affect the processing of this application and is optional.*

**Ethnicity:**

☐ Hispanic or Latino    ☐ Not Hispanic or Latino

**Race:**

☐ American Indian or Alaskan Native    ☐ Asian    ☐ Black or African American    ☐ Native Hawaiian or Other Pacific Islander  
☐ White

**If you are Limited English Proficient and need assistance to communicate (written or verbal) with us, which language do you prefer?** \_\_\_\_\_

## Attention

*Please do not submit more than one application per household or copies of an application. The filing of this application in no way guarantees you an apartment. Pets, large appliances, or waterbeds are not permitted without the owner's prior written approval and signed agreement. Assistance animals are not considered pets. We do not insure your personal property; we encourage you to purchase renter's insurance for your personal belongings.*



*Paseo Village Apartments is an Equal Housing Opportunity provider and does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its federally assisted programs and activities. A senior executive has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988). You may address your request for review or reconsideration to: Fair Housing Officer, Related Management Company, L.P., 423 W. 55th St, 9th Fl. NY, NY 10019, (646) 767-3253, NY TTY 1-800-662-1220.*

*Application Revised 03.02.2020*