

FOR OFFICE USE ONLY

Move-In Date: _____

Unit: _____

Property Name:

Property Address:

Phone Number:

TTY Number:

Fax Number:

Office Hours:



This housing is offered without regard to race, color, religion, sex, gender, gender identity and expression, familial status, national origin, citizenship status, immigrant status, primary language, marital status, ancestry, age, sexual orientation, disability, source of income (including receipt of Section 8 and other similar vouchers), genetic information, military or veteran status, arbitrary characteristics, or any other basis currently or subsequently prohibited by law.

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FOR APPLICANT USE ONLY

Each household member age 18 years or older must complete their own application. Please answer all applicable questions.

Applicant Name: _____ Email: _____

Phone Number (Home): _____ Phone Number (Cell): _____

Date of Birth: _____ Social Security Number:* _____

Marital Status: _____ State Issued ID #: _____ State: _____
 (optional) (optional)

Relationship to Head of Household: _____

Current Student Status: Full-Time Student Part-Time Student Not a Student

Preferred Number of Bedrooms: _____

Please list all of your dependents/minor children who will reside in the unit with you:

	Full Name	Relationship to Head of Household	Date of Birth	Social Security Number*	Current Student Status
1					<input type="checkbox"/> Full-Time Student <input type="checkbox"/> Part-Time Student <input type="checkbox"/> Not a Student
2					<input type="checkbox"/> Full-Time Student <input type="checkbox"/> Part-Time Student <input type="checkbox"/> Not a Student
3					<input type="checkbox"/> Full-Time Student <input type="checkbox"/> Part-Time Student <input type="checkbox"/> Not a Student
4					<input type="checkbox"/> Full-Time Student <input type="checkbox"/> Part-Time Student <input type="checkbox"/> Not a Student
5					<input type="checkbox"/> Full-Time Student <input type="checkbox"/> Part-Time Student <input type="checkbox"/> Not a Student

*If you do not have a Social Security Number, please enter all 9's (999-99-9999) or write N/A.



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1. Will any of the minors listed on this application live in the unit less than 50% of the time? Yes No N/A

If Yes, list name(s):

2. Is any member on this application temporarily absent, but under normal conditions would live in the unit? Yes No

If Yes, list name(s):

3. Do you anticipate any change in your household (someone moving in or out) during the next 12 months? Yes No

If Yes, explain:

4. Will any member on this application require a live-in aide? Yes No

If Yes, list name(s) of live-in aide(s):

5. Do/Will you receive rent assistance? Yes No

If Yes, explain:



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INCOME INFORMATION

Report all sources of income received by the members listed on this application including income that is currently received, as well as income that is anticipated over the next 12 months. Do not include employment income received by minors.

In the next 12 months, does any member on this application expect to receive income from...

1. Employment Wages/Salaries?	ie. regular pay, overtime, shift differential, tips, bonuses, commissions, and seasonal employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Military Pay?		<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Self-Employment?	ie. digital income sources such as app-based driving services, e-commerce sales, and video-based platforms	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Unemployment Benefits or Severance Pay?		<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Workers' Compensation or Other Insurance Settlements?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Social Security Income?	ie. Social Security, Social Security Disability Insurance (SSDI), and Retirement, Survivors, and Disability Insurance (RSDI)	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Supplemental Security Income (SSI)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Disability Benefits?	ie. EDD paid family leave and EDD disability insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Public Assistance?	ie. TANF, CalWorks, CAPI, AFDC and GA/GR - excluding CalFresh, SNAP and Food Stamps	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Child Support?		<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Alimony/Spousal Maintenance?		<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Regular Cash and Non-Cash Contributions?	ie. assistance with paying rent, bills or gifts from individuals not living in the unit - excluding groceries and child care payments paid directly to a daycare provider, unless it is in exchange for child support.	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Student Financial Aid?	public or private - excluding student loans	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Veterans Benefits?		<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Regular payments from Pensions?	ie. PERA, railroad, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Regular payments from Retirement Benefits?		<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Regular payments from Indian Trusts?		<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Death Benefits?	ie. receiving income as a beneficiary of annuities, pensions, life insurance, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Regular payments from Annuities or Life Insurance Dividends?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Other? (list):		<input type="checkbox"/> Yes <input type="checkbox"/> No



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INCOME DETAILS

Please provide additional information for each source of income received by members listed on this application.

Member Name	Income Source	Gross Annual Income	Name and Mailing Address	Contact Phone or Fax Number
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
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		\$		



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ASSET INFORMATION

Report all assets owned by the members listed on this application, including minors.
Does any member listed on this application own...

1. Checking Accounts?		<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Savings Accounts?		<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Cash Card?	ie. government benefits cards, prepaid debit cards, pay cards, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Payment Service Accounts?	ie. Venmo, PayPal, Skrill, CashApp, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Stocks?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Bonds/Treasury Bills?		<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Money Market/Mutual Funds?		<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Certificate of Deposit?		<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Trust Funds?		<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Lump Sum Receipts?	ie. from inheritances, insurance settlements, lottery winnings, or capital gains	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. 401(k) or 403(b) Account?		<input type="checkbox"/> Yes <input type="checkbox"/> No
12. IRA Account?		<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Keogh Account?		<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Capital Investments?		<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Real Estate?		<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Cryptocurrency?	ie. Bitcoin, Litecoin, Ethereum, Ether, Ripple, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Life Insurance Policies?	excluding Term Life Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Pension/Other Retirement Accounts?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Cash on Hand?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Other? (list):		<input type="checkbox"/> Yes <input type="checkbox"/> No

ASSETS DISPOSED OF FOR LESS THAN FAIR MARKET VALUE

I/We hereby certify that I/we have have not sold or given away assets for less than their fair market value within the last two years. (If applicable, list all disposed assets below)

Member Name	Asset Type	Market Value	Date Sold/Disposed	Amount Received	Item lost in bankruptcy, divorce, or foreclosure
		\$		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No



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ASSET DETAILS

The members on this application do not own any assets.

Please provide additional information for each asset owned by members listed on this application.

Member Name	Asset and Financial Institution	Market Value *If owned jointly, include only the amount which you own	This asset... * indicate only if owned with someone outside of the household	Interest Rate (if applicable)	Annual Income (if applicable)
		\$	<input type="checkbox"/> Is jointly owned* <input type="checkbox"/> Earns income	%	\$
		\$	<input type="checkbox"/> Is jointly owned* <input type="checkbox"/> Earns income	%	\$
		\$	<input type="checkbox"/> Is jointly owned* <input type="checkbox"/> Earns income	%	\$
		\$	<input type="checkbox"/> Is jointly owned* <input type="checkbox"/> Earns income	%	\$
		\$	<input type="checkbox"/> Is jointly owned* <input type="checkbox"/> Earns income	%	\$
		\$	<input type="checkbox"/> Is jointly owned* <input type="checkbox"/> Earns income	%	\$
		\$	<input type="checkbox"/> Is jointly owned* <input type="checkbox"/> Earns income	%	\$
		\$	<input type="checkbox"/> Is jointly owned* <input type="checkbox"/> Earns income	%	\$
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		\$	<input type="checkbox"/> Is jointly owned* <input type="checkbox"/> Earns income	%	\$
		\$	<input type="checkbox"/> Is jointly owned* <input type="checkbox"/> Earns income	%	\$
		\$	<input type="checkbox"/> Is jointly owned* <input type="checkbox"/> Earns income	%	\$
		\$	<input type="checkbox"/> Is jointly owned* <input type="checkbox"/> Earns income	%	\$
		\$	<input type="checkbox"/> Is jointly owned* <input type="checkbox"/> Earns income	%	\$
		\$	<input type="checkbox"/> Is jointly owned* <input type="checkbox"/> Earns income	%	\$



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I understand the information in this application will be used to determine eligibility for housing assistance programs and that this information will be verified, as applicable. I hereby affirm that the foregoing information is true and complete to the best of my knowledge, and authorize the owner to make inquiries to verify the statement herein. I understand that if any of this information is false, misleading or incomplete, management may decline my application or, if move-in has occurred, terminate my lease agreement. I understand that any action(s) by myself or my household members, whether verbal or nonverbal, that harass, intimidate, threaten or are perceived by management to harass, intimidate or threaten the health or safety of the management staff or interfere with the management of the property is grounds for management to decline my application for housing. I understand that if I or any member of my household suggests or offers bribes of money, material goods, etc., to the management staff responsible for determining either my placement on the waiting list or processing of my housing application is grounds for management to decline my application for housing. I authorize management to make any and all inquiries to verify this information, directly or through information exchanged now or later with rental and credit screening services, and to contact previous and current landlords or other sources for credit and verification information which may be released to appropriate federal, state or local agencies. If my application is approved, and move-in occurs, I certify that only the occupants listed on my household's applications will occupy the unit, and that this will be my only residence. I agree to notify management in writing regarding any changes in household address, telephone numbers, income and household composition. My signature, as indicated below, acknowledges that I have read and completed each section of this rental application, as applicable.

Under penalty of perjury, I certify that the information presented in this application is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in rejection of my application, or if I've already moved into a unit, termination of my application.

Applicant Signature	Printed Name	Date
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