



Rev. 11/1/02

OFFICE USE ONLY

Date: _____

Time: _____

Apt. Size: _____

APPLICATION FOR ADMISSION

Redwood Village
56 Orchard Lane
P.O. Box 1238
Redway, CA 95560

OFFICE USE ONLY

Gross Income: _____

Income Limit/Set Aside _____%



GENERAL INFORMATION:

Head of Household: _____

Table with 5 columns: Name, Social Security #, Birthdate/Age, Sex, Drivers Lic. #/State. Multiple rows for listing household members.

Does anyone live with you who is not listed above? __No __Yes

Are you requesting an accommodation in housing due to disability? __No __Yes If so, what is the accommodation requested?

Are you or any member of your household, 18 or older, attending school? __No __Yes If yes, who? _____

Do you own a pet? __No __Yes If yes, how many? _____ Description (cat, bird, etc.): _____

APARTMENT SIZE REQUESTED: __1 Bedroom __2 Bedroom __3 Bedroom __4 Bedroom

CURRENT ADDRESS: _____
Street Apt # City State Zip

Phone Number: _____ Dates you lived here: _____

CURRENT MAILING ADDRESS: _____
Street or P.O. Box City State Zip

CURRENT LANDLORD: _____ Address: _____

Phone Number: _____ If apt., name of complex: _____

Reason you want to move: _____

Amount of rent you are paying: _____ Are you being, or have you been evicted? __No __Yes If yes, explain: _____

PREVIOUS ADDRESS: _____ Dates you lived there: _____

If apt., name of complex: _____ Reason for moving: _____

Previous Landlord: _____ Phone Number: _____

PERSONAL REFERENCES (do not include relatives):

Name	Address	Phone Number	Relationship

EMERGENCY CONTACT PERSON:

Name	Address	Phone Number	Relationship
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AUTOMOBILES:

Make: _____ Color: _____ Year: _____ License Plate #: _____

Make: _____ Color: _____ Year: _____ License Plate #: _____

HOUSEHOLD FINANCIAL OBLIGATIONS: Include ALL medical expenses, car payments, child support, loans, etc.
 PAYABLE TO: (Company Name) MONTHLY PAYMENT

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	/
	/

INCOME: Do you or any member of you household anticipate receiving income from any of the following sources during the next 12 months? Please mark EVERY question YES or NO. If you answer any questions with YES, complete the blanks on the right.

YES/NO	AMOUNT RECEIVED (Per time period)	BY WHICH FAMILY MEMBER	SOURCE OF INCOME (name, address, and phone #)
Employment _____	_____ / _____	_____	_____
Employment _____	_____ / _____	_____	_____
Child Support _____	_____ / _____	_____	_____
Alimony _____	_____ / _____	_____	_____
Monetary Gifts _____	_____ / _____	_____	_____
Pensions _____	_____ / _____	_____	_____
School Grants _____	_____ / _____	_____	_____
Scholarships _____	_____ / _____	_____	_____
Social Security _____	_____ / _____	_____	_____
Supplemental Security _____	_____ / _____	_____	_____
Unemployment _____	_____ / _____	_____	_____
Veterans (VA) _____	_____ / _____	_____	_____
AFDC (Welfare) _____	_____ / _____	_____	_____
Other _____	_____ / _____	_____	_____

ASSESTS:

In the last TWO years have you sold, given away or disposed of assets for less than "fair market value" (example: real estate and other items held for investment purposes such as gems, jewelry, coins or collections?) No Yes If yes, type of asset: _____

Amount received: \$_____ Name of party who acquired asset: _____

Address: _____ Was this due to a divorce, separation or bankruptcy? No Yes

ASSETS II: Please mark every question either YES or NO. If you answer YES, complete the blanks on the right.

DO YOU HAVE?	NO	YES	NAME ON ACCOUNT	ACCOUNT #	BALANCE/VALUE	BANK (name and address)
Checking Accounts(s)	___	___	_____ / _____ / _____	_____ / _____	_____ / _____	_____ / _____
Savings Accounts(s)	___	___	_____ / _____ / _____	_____ / _____	_____ / _____	_____ / _____
Money Market Accounts(s)	___	___	_____ / _____ / _____	_____ / _____	_____ / _____	_____ / _____
Certificate/Time Deposit	___	___	_____ / _____ / _____	_____ / _____	_____ / _____	_____ / _____
Safety Deposit Box	___	___	_____ / _____ / _____	_____ / _____	_____ / _____	_____ / _____
Trust Accounts(s)	___	___	_____ / _____ / _____	_____ / _____	_____ / _____	_____ / _____
Stocks or Bonds	___	___	_____ / _____ / _____	_____ / _____	_____ / _____	_____ / _____
IRA/Keogh/Life Ins. or Other retirement acct.	___	___	_____ / _____ / _____	_____ / _____	_____ / _____	_____ / _____
Rental Property	___	___	_____ / _____ / _____	_____ / _____	_____ / _____	_____ / _____
Other Real Estate	___	___	_____ / _____ / _____	_____ / _____	_____ / _____	_____ / _____
Other	___	___	_____ / _____ / _____	_____ / _____	_____ / _____	_____ / _____

I/We Certify the housing I/We will occupy at Redwood Village Apartments will be my/our permanent residence and I/We will not maintain a separate rental unit in a different location. I/We authorize the owner to obtain a credit report and to contact current and previous landlords.

I/We also certify that the information given is accurate and complete and understand any misrepresentation will disqualify the applicant.

Signature: _____ Date: _____

Signature: _____ Date: _____

It is your responsibility as the applicant to keep the Management notified of any changes in your application. This includes a change in household size, current address, income or assets.

HOUSEHOLD COMPOSITION: "The following information is requested by the owner as required by the United States Government under conditions of the funding they made available for the property's development. This information is confidential and is only used for government reporting purposes to monitor compliance with equal opportunity laws. Please note that self-identification of race/ethnicity is voluntary."

Marital Status of Head of Household (check one): Married Separated Unmarried (single, divorced or widowed)

Race/National Origin of Head of Household (check one): White Black/African American Asian Asian AND White American Indian or Alaskan Native Native Hawaiian or Other Pacific Islander Black/African American AND White American Indian or Alaskan Native AND White American Indian/Alaskan Native AND Black/African American Other

Ethnicity: Hispanic/Latino Mexican/Chicano Puerto Rican Cuban Non-Hispanic/Latino