

APPLICATION FOR ADMISSION



9/27/07 (TC all)

Creamery Row
977 8th Street
Arcata, CA 95521
ph. (707) 269-7131
fax (707) 825-2819

OFFICE USE ONLY

Date: _____
 Time: _____
 Apt. Size: _____

OFFICE USE ONLY

Gross Income: _____
 Income Limit: _____

GENERAL INFORMATION:

Head of Household:

	Name	Social Security #	Birthdate/Age	GENDER CIRCLE ONE	Drivers Lic.# / State
1)			/	M OR F	/
2)			/	M OR F	/
3)			/	M OR F	/
4)			/	M OR F	/
5)			/	M OR F	/
6)			/	M OR F	/
7)			/	M OR F	/

Will anyone live with you who is not listed above? No Yes
 Has any member of the household been convicted of a felony? No Yes
 Are you requesting an accommodation in housing due to a disability? No Yes
 If yes, 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, please be advised that we accept service animals only. Documentation required.
 Do you have a washing machine? No Yes
 Did you file taxes? No Yes Email: _____
 Do you have a waterbed? No Yes

APARTMENT SIZE REQUESTED: 3 Bedroom Only

RENTAL HISTORY- Management's policy is to have 5 years of continuous housing history. If additional space is needed, please use the back of this application or attach an additional sheet.

(Head of Household) Current Address: _____
 Street Apt.# City State Zip
 Phone Number: _____ Dates you lived here: _____ to _____

Mailing Address (if different from above) _____
 Street apt.# 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, please explain: _____

PREVIOUS ADDRESS: _____
 Street Apt.# City State Zip

If apt., name of complex: _____ Dates you lived there: _____ to _____

Previous Landlord: _____ Phone Number: _____ Reason for moving: _____

Address: _____

ALL OTHER APPLICANTS NOT RESIDING WITH THE HEAD OF HOUSEHOLD APPLICANT MUST PROVIDE 5 YEARS OF CONTINUOUS HOUSING HISTORY.

(Applicant #2) Current Address:

Street Apt.# City State Zip
Phone Number: _____ Dates you lived here: _____ to _____

Mailing Address (if different from above)

Street apt.# 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, please explain: _____

PREVIOUS ADDRESS: _____
Street Apt.# City State Zip

If apt., name of complex: _____ Dates you lived there: _____ to _____

Previous Landlord: _____ Phone Number: _____ Reason for moving: _____

Address: _____

(Applicant #3) Current Address:

Street Apt.# City State Zip
Phone Number: _____ Dates you lived here: _____ to _____

Mailing Address (if different from above)

Street apt.# 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, please explain: _____

PREVIOUS ADDRESS: _____
Street Apt.# City State Zip

If apt., name of complex: _____ Dates you lived there: _____ to _____

Previous Landlord: _____ Phone Number: _____ Reason for moving: _____

Address: _____

PERSONAL REFERENCES (do not list relatives-preferably business/professional acquaintances):

(Applicant #1) Name Address Phone # Relationship

(Applicant #2) Name Address Phone # Relationship

(Applicant #2) Name Address Phone # 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

_____	/	_____
_____	/	_____
_____	/	_____

INCOME: Do you or any member of your 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 a YES, please complete the information on the right.**

	Yes	No	Amount Received (per time period)	Received By Which Household Member	Source of Income (name, address & phone)
Employment (Earned income)	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month		
Employment (Earned income)	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month		
Alimony	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month		
Child Support	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month		
Disability Benefits (worker's compensation disability income)	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month		
Monetary Gifts	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month		
Pension or Retirement Benefits	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month		
Public Assistance	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month		
School Grants or Scholarships	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> semester		
Social Security / SSI	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month		
Unemployment Compensation	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month		
Veterans Administration	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month		
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month		

Do you anticipate any change in this income in the next 12 months? Yes No If yes, please explain: _____

Does an outside party pay your utilities, phone service or other household expenses? Yes No If yes, amount paid per month \$ _____

Name and address of outside party: _____

Name	Address	City	State	Zip
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FEDERAL INCOME TAX RETURNS: Are you or any member of your household exempt from filing a Federal Tax Return? Yes No

If yes, which members: _____, _____, _____

Name	Name	Name
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ASSETS:

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, list type of asset: _____

Amount given: _____ Name of party who received asset: _____

Address: _____

Was this due to 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...?	YES	NO	NAME ON ACCOUNT	ACCOUNT #	BALANCE/VALUE	Bank (name & address)
Checking Account(s)	<input type="checkbox"/>	<input type="checkbox"/>				
Checking Account(s)	<input type="checkbox"/>	<input type="checkbox"/>				
Savings Account(s)	<input type="checkbox"/>	<input type="checkbox"/>				
Savings Account(s)	<input type="checkbox"/>	<input type="checkbox"/>				
Money Market Account(s)	<input type="checkbox"/>	<input type="checkbox"/>				
Certificate/Time Deposits	<input type="checkbox"/>	<input type="checkbox"/>				
Safety Deposit Box	<input type="checkbox"/>	<input type="checkbox"/>				
Trust Account(s)	<input type="checkbox"/>	<input type="checkbox"/>				
IRA/Keough/Life Insurance or other retirement account	<input type="checkbox"/>	<input type="checkbox"/>				
Stocks or Bonds	<input type="checkbox"/>	<input type="checkbox"/>				
Rental Property	<input type="checkbox"/>	<input type="checkbox"/>				
Other Real Estate	<input type="checkbox"/>	<input type="checkbox"/>				
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>				

CHILDCARE: (Complete only if your child/children is/are 12 years of age or younger and living in your household)

Do you pay for childcare expenses? Yes No If yes, how much \$ _____ To whom is this expense paid?

Name: _____ Address: _____

Do you employ childcare in order for a household member to work or continue education? Yes No

ELDERLY HOUSEHOLDS: (Applicable only if the head of household or co-tenant is 62 years of age or older; or disabled, regardless of age).

Do you anticipate having ANY medical expenses within the next twelve (12) months that are not paid for by Medicare or an insurance policy? Yes No

(examples: medical or dental expenses, including cost of insurance, prescriptions, eyeglasses, hearing aids or nursing care) DO NOT INCLUDE expenses that are reimbursed or paid by others outside your household.

DISABILITY ASSISTANCE EXPENSE: (Applicable only if a household member has a disability).

Does your household have disability assistance expenses? Yes No (examples: care attendant, special apparatus, such as, wheelchairs, ramps, and adaptations to vehicles or workplace equipment) DO NOT INCLUDE expenses that are reimbursed or paid by others outside your household.

DRUG FREE HOUSING:

In order to comply with Federal and State laws, all attempts must be made by the Owner of this apartment community to assure DRUG and VIOLANCE-FREE Housing. The following questions MUST be answered by ALL applicants for this housing:

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Is any household member a current illegal user of a controlled substance? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has any household member been convicted of the illegal use, possession, sale, distribution or manufacturing of a controlled substance? |
| | | If either of the above questions were answered "Yes", which member(s): _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | If any of the questions above were answered "Yes", has the household member successfully completed a controlled substance abuse recovery program? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has any household member been convicted of a violent crime? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is any household member currently on probation for a violent or drug-related offense? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is any household member currently on probation for a violent or drug-related offense? |

I/We certify the housing I/We will occupy at _____ 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/criminal 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 application.

Signature: _____ Date: _____

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 widowed

Disability Status (check one):

- Disabled
 Not Disabled

Race/National Origin of Head of Household (check all that apply):

- 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 or Alaskan Native AND Black/African American

Ethnicity:

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

How did you hear about this complex? Newspaper Ad Tenant Referral Internet Project Sign

Other: _____