

Monterey Gateway Apartments

Dear Prospective Applicant:

Enclosed you will find the application needed to apply for **Monterey Gateway Apartments**.

INSTRUCTIONS:

1. One application is all that is needed per household. Please include all the names, social security numbers and birthdates for all members of the household.
2. **All adults** must:
 - Sign the application.
 - Include their individual earnings per time period.
 - Provide three years of housing history.
3. All information provided will be verified so please be sure to include employer phone numbers, bank account numbers, contact information, etc. Please be careful to list gross earnings (income before taxes) and list if each amount is per week, bi-weekly (every other week), monthly, yearly, etc.
4. The following items must be turned in with your application for an application to be considered complete:
 - Copies of Drivers Licenses (for every licensed driver); if no license we need a government issued photo i.d.
 - Copies of Social Security cards (for every person in the household).

Upon receipt of a completed application, we will be conducting a credit check and criminal background search. Applicants passing the initial screening will be contacted to set up an interview appointment. Please gather the following documents, as they will be required at the time of your interview.

- \$25 is required for credit and criminal back-round checks (due when your application comes up on the waitlist).
 - For all employed adults please provide copies of pay stubs for three (most recent) consecutive months.
 - If you are recently divorced please provide a copy of divorce decree.
 - Most recent 6 months consecutive bank statements for all accounts (include all pages)
 - Federal tax return with W-2's; 1099's/1098's attached.
5. **Do not use white-out anywhere on your application.** If you make a mistake, put one thin line through it, and write the correct information nearby and initial.

GENERAL INFORMATION:

Pets: Please be advised that pets, except service animals, are not allowed. Proper documentation for a service animal is required.

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Monterey Gateway Apartments

Rent to Income Ratio: Applicant's income must be greater than 1.5x the rent amount.

Unit Size: **Monterey Gateway** has 60 one-bedroom and 14 two-bedroom units.

*To qualify for a one- bedroom you must have a minimum of one (1) persons in your household.

*To qualify for a two- bedroom you must have a minimum of two (2) persons in your household. Please inquire about exceptions to this rule.

Security Deposit Amounts: are equivalent to the first months rent amounts for qualified unit

Income Limits: Applicants annual income (before taxes) cannot exceed the below amounts.

Income Category	1 person	2 persons	3 persons	4 persons	5 persons
60%	\$61,500	\$70,260	\$79,020	\$87,780	\$94,860
50%	\$51,250	\$58,550	\$65,850	\$73,150	\$79,050

There is a \$25 fee per adult to run a credit check and criminal background check. Money order or cashier's check made payable to "Danco". Cash and personal checks are not accepted.

Please return all applications by mail to:

Danco Property Management

ATTN: Kim Brown
7500 Monterey Street
Gilroy, CA 95521

.If you have any questions please call Kim Brown at (669) 286-7186



APPLICATION FOR ADMISSION



9/27/07 (TC all)

Monterey Gateway Apartments
6500 Monterey Street
Gilroy, CA 95020
Phone: (669) 286-7186
Fax: (707) 825-2813

OFFICE USE ONLY

Date:
Time:
Apt. Size:

OFFICE USE ONLY

Gross Income:
Income Limit:

GENERAL INFORMATION:

Head of Household:

Table with 5 columns: Name, Social Security #, Birthdate/Age, GENDER (CIRCLE ONE), Drivers Lic.# / State. Rows 1-7.

Will anyone live with you who is not listed above?
Has any member of the household been convicted of a felony?
Are you requesting an accommodation in housing due to a disability?
If yes, what is the accommodation requested?
Are you or any member of your household, 18 or older, attending school?
Do you own a pet?
Do you have a washing machine?
Did you file taxes?
Do you have a waterbed?

APARTMENT SIZE REQUESTED: 1 bedroom 2 bedroom

RENTAL HISTORY- Management's policy is to have 2 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 3 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
PAYABLE TO:
(Company Name)

Include ALL medical expenses, car payments,
child support, loans, etc.
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

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

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"/>				

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

Is any household member a current illegal user of a controlled substance?

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): _____

If any of the questions above were answered "Yes", has the household member successfully completed a controlled substance abuse recovery program?

Has any household member been convicted of a violent crime?

Is any household member currently on probation for a violent or drug-related offense?

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: _____