EQUAL HOUSING OPPORTUNITY

9/27/07 (TC all)

APPLICATION FOR ADMISSION

Mountain Townhomes
Mailing address
5251 Ericson Way
Arcata, CA 95521
ph. (707) 362-7889
fax (707) 497-2468

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 OR O	/
2)		/	M OR F OR O	/
3)		/	M OR F OR O	/
4)		/	M OR F OR O	/
5)		/	M OR F OR O	/
6)		/	M OR F OR O	/
7)		/	M OR F OR O	/

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: ☐ 1 bedroom ☐ 2 bedroom ☐ 3 bedroom

RENTAL HISTORY- Management's policy is to have 3 years of 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 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 acquantances):

(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

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, complete the blanks on the right.**

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

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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)	☐	☐				
Checking Account(s)	☐	☐				
Savings Account(s)	☐	☐				
Savings Account(s)	☐	☐				
Money Market Account(s)	☐	☐				
Certificate/Time Deposits	☐	☐				
Safety Deposit Box	☐	☐				
Trust Account(s)	☐	☐				
IRA/Keough/Life Insurance or other retirement account	☐	☐				
Stocks or Bonds	☐	☐				
Rental Property	☐	☐				
Other Real Estate	☐	☐				
Other:_____	☐	☐				

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