



APPLICATION FOR ADMISSION



OFFICE USE ONLY

Date: _____
Time: _____
Apt. Size: _____

Orchard Commons
811 Boyd Street
Santa Rosa, CA 95407
ph. (707) 822-9000
e: orchardcommons@danco-group.com

OFFICE USE ONLY

Gross Income: _____
Income Limit: _____

GENERAL INFORMATION:

Head of Household: [Redacted]

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

Will anyone live with you who is not listed above? [] 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 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 2 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

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"/> | | | | |

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 VIOLENCE-FREE Housing.

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.

THIS COMMUNITY FOLLOWS THE HOUSING FIRST MODEL: Housing First is an approach to serving people experiencing homelessness that recognizes a homeless person must first be able to access a decent, safe place to live, that does not limit length of stay (permanent housing), before stabilizing, improving health, reducing harmful behaviors, or increasing income.

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Marital Status of Head of Household (check one):

- Married
- Separated
- Unmarried (check one below)
 - 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 community?

- Newspaper Ad
- Tenant Referral
- Internet
- Project Sign
- Other: _____