

9/27/07 (TC all)

APPLICATION FOR ADMISSION



OFFICE USE ONLY

Date: _____

Time: _____

Apt. Size: _____

Acorn Valley Plaza
Mailing Address:
5251 Ericson Way
Arcata, CA 95521
Phone (707) 822-9000

OFFICE USE ONLY

Gross Income: _____

Income Limit: _____

GENERAL INFORMATION:

Head of Household: _____

Name

Social Security #

Birthdate/Age

GENDER
CIRCLE
ONE

Drivers Lic.# / State

1)	/	MOR F	/
2)	/	MOR F	/
3)	/	MOR F	/
4)	/	MOR F	/
5)	/	MOR F	/
6)	/	MOR F	/
7)	/	MOR 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: ☐ 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 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
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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
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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
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(Applicant #2)	Name	Address	Phone #	Relationship
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(Applicant #2)	Name	Address	Phone #	Relationship
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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 (or have received in the past 2 years) income from any of the following sources? **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"/>				

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. 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 in the past 7 years?

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 in the past 7 years?

☐☐

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

☐☐

Is any household member currently registered as a sex offender?

STUDENT STATUS

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Does the household consist of all persons who are <u>full-time</u> students (Examples: K-12, College, Trade School, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Does the household consist of all persons who have been a <u>full-time</u> student 5 months in the current calendar year?
<input type="checkbox"/>	<input type="checkbox"/>	Does your household anticipate becoming an all full-time student household in the next 12 months?
<input type="checkbox"/>	<input type="checkbox"/>	If you answered yes to any of the previous three questions are you:
<input type="checkbox"/>	<input type="checkbox"/>	• Receiving assistance under Title IV of the Social Security Act (AFDC/TANF/Cal Works - not SSA/SSI)
<input type="checkbox"/>	<input type="checkbox"/>	• Enrolled in a job training program receiving assistance through the Job Training Participation Act (JTPA) or other similar program
<input type="checkbox"/>	<input type="checkbox"/>	• Married and filing (or are entitled to file) a joint tax return
<input type="checkbox"/>	<input type="checkbox"/>	• Single parent with a dependant child or children and neither you nor your child(ren) are dependent of another individual
<input type="checkbox"/>	<input type="checkbox"/>	• Previously enrolled in the Foster Care program (currently age 18-24)

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: _____