

APPLICATION FOR ADMISSION



9/27/07 (TC all)

OFFICE USE ONLY

Date: \_\_\_\_\_
Time: \_\_\_\_\_
Apt. Size: \_\_\_\_\_

Cottages at Cypress
330 Cypress Street
Fort Bragg, CA 95437
ph. (707) 962-9080
fax (707) 962-9077

OFFICE USE ONLY

Gross Income: \_\_\_\_\_
Income Limit: \_\_\_\_\_

GENERAL INFORMATION:

Head of Household: [Redacted]

Table with columns: Name, Social Security #, Birthdate/Age, GENDER (M OR F), Drivers Lic.# / State. Rows 1-7.

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: 62 and/or Disabled [ ] 1 bedroom [ ] 2 bedroom

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

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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.

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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.

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**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: \_\_\_\_\_