



9/27/07 (TC all)

APPLICATION FOR ADMISSION



The Meadows Senior Village
2065 David Way
Fortuna, CA 95540
ph. (707) 725-6500
fax (707) 825-1908

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	/
2)		/	M OR F	/
3)		/	M OR F	/
4)		/	M OR F	/
5)		/	M OR F	/
6)		/	M OR F	/
7)		/	M OR 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 55+

RENTAL HISTORY- Management's policy is to have 3 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

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, 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)	<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"/>				

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