

Summorcreek Village Apartments

Dear Prospective Applicant:

Enclosed you will find the application needed to apply for **Summorcreek Village Apartments**. Once we receive a completed application you will be placed on a waiting list. You will be contacted in the event of a vacancy if you are next on the waiting list.

INSTRUCTIONS:

1. One application is all that is needed per household. Please include all the names, social security numbers and birthdates for all members of the household, including children.
2. **All adults** must:
 - Sign the application.
 - Include their individual earnings per time period.
 - Provide three years of housing history.
3. All information provided will be verified so please be sure to include employer phone numbers, bank account numbers, contact information, etc. Please be careful to list gross earnings (income before taxes) and list if each amount is per week, bi-weekly (every other week), monthly, yearly, etc.
4. The following items must be turned in with your application for an application to be considered complete:
 - Copies of Drivers Licenses (for every licensed driver).
 - Copies of Social Security cards (for every person in the household over the age of 6).

Upon receipt of a completed application, we will be conducting a credit check and criminal background search. Applicants passing the initial screening will be contacted to set up an interview appointment. Please gather the following documents, as they will be required at the time of your interview.

- For all employed adults please provide copies of pay stubs for three consecutive months.
- If you are recently divorced please provide a copy of divorce decree.
- If you are a single parent please provide copies of court documents to determine physical custody of minor children and/or child support.
- Most recent 6 months consecutive bank statements for all accounts (include all pages)
- Federal tax return with W-2's attached



Summorcreek Village Apartments

GENERAL INFORMATION:

Pets: Please be advised that pets, except service animals, are not allowed. Proper documentation for a service animal is required.

Unit Size: **Summorcreek Village** has twenty four two-bedroom, thirty one three-bedroom and eight four-bedroom apartments.

*To qualify for a 2 bedroom you must have a minimum of two (2) persons in your household.

*To qualify for a 3 bedroom you must have a minimum of four (4) persons in your household.

*To qualify for a 4 bedroom you must have a minimum of six (6) persons in your household.

Rent: Rent rates fall into two categories; low income and very low income. Depending on your household size these amounts vary. Children that you have less than 50% physical custody of are not counted in household size.

Please return all applications to:

Summorcreek Village Apartments
755 Village Circle
Ukiah, CA 95482

If you have any questions please call (707) 476-1211.

Thank you.



APPLICATION FOR ADMISSION



Summerville Village
755 Village Circle
Ukiah, ca. 95482
ph: (707) 467-1211
Fax: (707) 825-1913

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

RENTAL HISTORY- Management's policy is to have 2 years of continuous housing history, if applicable. If additional space is needed, please use the back this application or attach an additional sheet. Are you currently homeless? YES ___ NO ___

(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

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: _____

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 VIOLANCE-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?

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 controlled substance abuse recovery program?

Has any household member been convicted of a violent crime?

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

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: _____

Please bring this application with you at the time of your initial intake appointment.