

APPLICATION FOR ADMISSION



9/27/07 (TC all)

The Phyllis Rex Samoa Townhomes
5251 Ericson Way
Arcata, CA 95521
ph. (707) 822-9000
fax (707) 825-9596

OFFICE USE ONLY
Date:
Time:
Apt. Size:

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 1-7.

Will anyone live with you who is not listed above?
Has any member of the household been convicted of a felony?
Are you requesting an accommodation in housing due to a disability?
If yes, what is the accommodation requested?
Are you or any member of your household, 18 or older, attending school?
Do you own a pet?
Do you have a washing machine?
Did you file taxes?
Do you have a waterbed?
APARTMENT SIZE REQUESTED: 1 bedroom, 2 bedroom, 3 bedroom, 4 bedroom

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.  
MONTHLY PAYMENT

PAYABLE TO:  
(Company Name)

_____	/	_____
_____	/	_____
_____	/	_____
_____	/	_____

**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"/>				

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