

# Summorcreek Village Apartments

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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



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## 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.

Security Deposit Amounts: \*2 Bedroom = \$300      \*3 Bedroom = \$350      \*4 Bedroom = \$400

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.





9/27/07 (TC all)

APPLICATION FOR ADMISSION



OFFICE USE ONLY

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

Summerville Village
755 Village Circle
Ukiah, CA 95482
ph. (707) 467-1211
fax (707) 825-1913

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? [ ] 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
Do you have a waterbed? [ ] No [ ] Yes

APARTMENT SIZE REQUESTED: (Not all apartment sizes available at every location.) [ ] 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 |
|------|---------|--------------|--------------|
|------|---------|--------------|--------------|

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, complete the sections on the right.**

|   | Yes                      | No                       | Amount Received<br>(per time period)  | Received By Which<br>Household Member | Source of Income<br>(name, address & phone) |
|---|--------------------------|--------------------------|---|---------------------------------------|---|
| Employment<br>(Earned income)                                       | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ per<br><input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month    |                                       |   |
| Employment<br>(Earned income)                                       | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ per<br><input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month    |                                       |   |
| Alimony   | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ per<br><input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month    |                                       |   |
| Child Support   | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ per<br><input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month    |                                       |   |
| Disability Benefits<br>(worker's compensation<br>disability income) | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ per<br><input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month    |                                       |   |
| Monetary Gifts  | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ per<br><input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month    |                                       |   |
| Pension or Retirement<br>Benefits                                   | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ per<br><input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month    |                                       |   |
| Public Assistance   | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ per<br><input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month    |                                       |   |
| School Grants or<br>Scholarships                                    | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ per<br><input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> semester |                                       |   |
| Social Security / SSI   | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ per<br><input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month    |                                       |   |
| Unemployment<br>Compensation  | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ per<br><input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month    |                                       |   |
| Veterans Administration   | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ per<br><input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month    |                                       |   |
| Other: _____  | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ per<br><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

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