For Office Use Only		
Date & Time Received:		Received By *(Management Signature)*:
Unit:	Move-In Date:	

Application for Rental Housing

Property Contact Information

Property Name: Vendra Gardens			
Street Address: 100 Casey Road			
City: Moorpark		State: CA	Zip: 93021
Phone: (805) 328-8631	Phone (TTY): 711	Fax: (805) 552-5387	
Email: vendragardens@danco-group.com		Website: www.danco-group.com	
Office Hours: Monday - Friday: 8:30am - 5:00pm			

This housing is offered without regard to race, color, religion, sex, gender, gender identity and expression, familial status, national origin, citizenship status, immigrant status, primary language, marital status, ancestry, age, sexual orientation, disability, source of income (including receipt of Section 8 and other similar vouchers), genetic information, military or veteran status, arbitrary characteristics, or any other basis currently or subsequently prohibited by law.

EQUAL HOUSING OPPORTUNITY

Reasonable Accommodations and Auxiliary Aids will be provided upon request.

An Individual with a Disability may ask for:

- a change in rules or a physical change to their apartment or shared areas in the building (either of which is a reasonable accommodation);
- an accessible apartment;
- and Auxiliary Aids and Services necessary to ensure effective communication between us.

If you or anyone in your household has a disability and needs any of these things or another type of accommodation to live in our _____ and use our services, then contact _____ staff to communicate your needs.

APPLICATION SUMMARY

Preferred Unit Size:

Would anyone in this household benefit from a special needs unit or a unit accommodation due to a mobility, vision, or hearing impairment? ☐ Yes* ☐ No

If Yes, please complete a **Special Unit Questionnaire.*

HOUSEHOLD COMPOSITION - Complete one ***Member Information Document*** form for each member listed below.

In the space below, list all people who will live in the unit.

	Member Name	Relationship to Head of Household *(Ex. Head of Household, Co-Head, Spouse, Dependent, Other Adult, Live-In Aide, etc.)*	Phone Number *(Recommended)*
1			
2			
3			
4			
5			
6			
7			
8			

ANTICIPATED ADDITIONS TO THE HOUSEHOLD - Complete one ***Anticipated Household Addition*** form for each.

Certain anticipated members can have an effect on the size of the unit and/or the income limits used to determine the household's program eligibility. List all applicable members who are expected to move in over the next 12 months.

Member Name	Member Type
	☐ Unborn Child ☐ Pending Adoption ☐ Obtaining Custody ☐ Pending Foster
	☐ Unborn Child ☐ Pending Adoption ☐ Obtaining Custody ☐ Pending Foster
	☐ Unborn Child ☐ Pending Adoption ☐ Obtaining Custody ☐ Pending Foster
	☐ Unborn Child ☐ Pending Adoption ☐ Obtaining Custody ☐ Pending Foster

1. **Do you anticipate any other change in household composition over the next 12 months?** *(e.g. adding a new member or removing a current member)* ☐ Yes ☐ No

If Yes, please explain:

HOUSEHOLD QUESTIONS

1. **Is any household member temporarily absent, but under normal conditions would live in the unit?** ☐ Yes ☐ No

If Yes, please explain:

2. **Does/Will this household receive rent assistance?** ☐ Yes ☐ No

If Yes, please indicate the source (e.g. Housing Choice Voucher, Rural Development Rent Assistance, etc.)

PENALTIES FOR MISUSING THIS FORM:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

REQUIRED SIGNATURES

All adult household members must view all documents in the Application Package to confirm accuracy and sign below.

Application Package Documents:

- Application Summary *(One Per Household)*
- Member Information Document *(One Per Member)*
- Tenant Income and Asset Questionnaire (TICQ) *(One Per Adult Member)*
- Supplemental Income / Asset Document *(One Per Adult Member / One Per Household)*

Under penalty of perjury, I/we certify that all information presented in the application documents above is true and accurate to the best of my/our knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in rejection of my/our application, or if move-in has already occurred, termination of my/our lease.

	Member Signature	Printed Name	Date Signed
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

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Preferred Language *(optional)*:

MEMBER INFORMATION DOCUMENT *(Move-In)*

Complete one form for each member of the household, regardless of age. Any household member under the age of 18 and not emancipated must have a form completed and signed by a parent/guardian in the household. Please provide your full, legal name as it appears on your legal identification document. *(Ex. Driver's License, Government Issued ID, etc.).*

Full Legal Name: _____

First Name *Middle Name* *Last Name*

Optional Information:

Driver's License # / State ID #:_____ State Issued:_____

Date of Birth: _____ **Gender:** ☐ Female ☐ Male ☐ Decline to Disclose

☐ Check box if member is an emancipated minor.

Social Security Number (SSN): _____ *(If you do not have a SSN please enter 999-99-9999)*

Complete Part A and Part B (as applicable), then sign and date the form.

Part A: *This section is optional to household members who are* ***foster children, foster adults, or live-in aides.***

1. Student Status: Full-Time Student Part-Time Student Not a Student
2. Do you have a spouse/legal domestic partner who is not listed on the ***Application Summary***? ☐ Yes* ☐ No
   (i.e. a spouse/legal domestic partner who is not expected to reside with you in the unit)

   If you answered Yes, please complete a* ***Separated or Estranged Status Affidavit.*

Part B: *Complete this section if the member is* ***under 18 years old and not emancipated:***

1. Will this member live in the unit at least 50% of the time? ☐ Yes ☐ No
2. Name of the parent/guardian who will sign paperwork on this member's behalf: _____

MEMBER SIGNATURE REQUIRED:

I hereby certify the information provided above is accurate and complete to the best of my knowledge.

Member Signature Printed Name Date

☐ Check here if an adult signed for a child.

EQUAL HOUSING OPPORTUNITY

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Modified 3/4/2025

SUPPLEMENTAL INCOME / ASSET DOCUMENT

For Office Use Only:

Certification Effective Date:

This document reflects the sources of income & assets received by:

☐ **Individual Member:**_____
If selected, each adult (excluding Live-In Aides and Fosters) must complete a separate Income & Asset Questionnaire, even if the adult has zero income.

OR

☐ **All Members**
If selected, one Income & Asset Questionnaire must be completed to reflect all income and asset sources within the household.

INCOME SOURCES

1. Do you receive any additional sources of income that were not reported on the ***Tenant Income Certification Questionnaire (TICQ)***? ☐ Yes ☐ No

If Yes, please identify all additional income:	

2. In the space below, provide additional information about each source of income that is received. Please ensure that all income sources identified in the question above and the ***Tenant Income Questionnaire (TICQ)*** are addressed.

Member Name	Income Type	Income Source	CONTACT INFORMATION	
			Mailing Address	Phone/Fax Number
				Ph: Fax:
				Ph: Fax:
				Ph: Fax:
				Ph: Fax:
				Ph: Fax:
				Ph: Fax:
				Ph: Fax:
				Ph: Fax:
				Ph: Fax:
				Ph: Fax:

ASSET SOURCES

1. Do you own any additional assets that were not reported on the ***Tenant Income Certification Questionnaire (TICQ)***? ☐ Yes ☐ No

If Yes, please identify all additional assets:	

2. In the space below, provide additional information about each asset that is owned. Please ensure that all asset sources identified in the question above and the ***Tenant Income Questionnaire (TICQ)*** are addressed.

Member Name	Asset Type	Asset Source	Jointly Owned? *(If Yes, indicate your % of ownership)*	*If Jointly Owned* Will the other owner(s) reside in the household?
			☐ Yes ______% ☐ No	☐ Yes ☐ No
			☐ Yes ______% ☐ No	☐ Yes ☐ No
			☐ Yes ______% ☐ No	☐ Yes ☐ No
			☐ Yes ______% ☐ No	☐ Yes ☐ No
			☐ Yes ______% ☐ No	☐ Yes ☐ No
			☐ Yes ______% ☐ No	☐ Yes ☐ No
			☐ Yes ______% ☐ No	☐ Yes ☐ No
			☐ Yes ______% ☐ No	☐ Yes ☐ No
			☐ Yes ______% ☐ No	☐ Yes ☐ No
			☐ Yes ______% ☐ No	☐ Yes ☐ No
			☐ Yes ______% ☐ No	☐ Yes ☐ No
			☐ Yes ______% ☐ No	☐ Yes ☐ No

Adult Household Members - *Review the information provided and initial below*

I/We hereby certify the information provided is accurate and complete to the best of my/our knowledge.

Member Initials:								
	#1	#2	#3	#4	#5	#6	#7	#8

EQUAL HOUSING OPPORTUNITY

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Housing History Disclosure

Property Name: Vendra Gardens Member Name: _____

Unit Number: _____

Please provide the last 24 months of housing history. All adult household members must complete this form at move-in.

☐ Check this box if you had no established housing during the requested timeframe and provide a brief explanation below.

Explanation:

Current Address

Street Address:		
City:	State:	Zip Code:
Reason for leaving:		
Move-In Date *(Month/Year)*:	Are you currently receiving assistance from HUD?* Yes No	
(Check One) Rent Own Other_____		Rent per month:
Landlord Name:	Landlord Phone:	

**Applicants currently receiving assistance from HUD, who are also receiving a Health & Medical Expense/ Attendant Care & Auxiliary Apparatus Expense Deduction, may be eligible for a Phase-In Hardship Exemption. In order to qualify for this exemption, you will need to provide a copy of the certification that is in place at the time of move-out from your current residence.*

Previous Addresses

Street Address:		
City:	State:	Zip Code:
Reason for leaving:		
Move-In Date *(Month/Year)*:	Move-Out Date *(Month/Year)*:	
(Check One) Rent Own Other_____		Rent per month:
Landlord Name:	Landlord Phone:	

Street Address:		
City:	State:	Zip Code:
Reason for leaving:		
Move-In Date *(Month/Year)*:	Move-Out Date *(Month/Year)*:	
(Check One) Rent Own Other_____		Rent per month:
Landlord Name:	Landlord Phone:	

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EQUAL HOUSING OPPORTUNITY

Housing History Disclosure

Street Address:		
City:	State:	Zip Code:
Reason for leaving:		
Move-In Date *(Month/Year)*:	Move-Out Date *(Month/Year)*:	
(Check One) ☐ Rent ☐ Own ☐ Other_____		Rent per month:
Landlord Name:	Landlord Phone:	

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Applicant Signature	Printed Name	Date

EQUAL HOUSING OPPORTUNITY

Household Demographic Reporting Form

Property Name: Vendra Gardens

The collection of certain resident data is authorized by the Housing & Economic Recovery Act of 2008, and will be furnished to the U.S. Department of Housing & Urban Development (HUD). Each household must be offered the opportunity to disclose their race, ethnicity, and disability status. Parents/guardians are asked to disclose on behalf of all children in the household who are under the age of 18. There is no penalty for those households who do not wish to provide the requested information. However, all adult members (18 years or older) must sign and date the second page of this form as proof that the option to disclose this information was made available.

Household Members *(Please write the first and last names of all household members)*

1:	2:	3:	4:
5:	6:	7:	8:

RACE *(Select all that apply)*

Member:	1	2	3	4	5	6	7	8
White	☐	☐	☐	☐	☐	☐	☐	☐
Black/African American	☐	☐	☐	☐	☐	☐	☐	☐
American Indian/Alaska Native	☐	☐	☐	☐	☐	☐	☐	☐
Asian *(Select all applicable subcategories below)*	☐	☐	☐	☐	☐	☐	☐	☐
Asian Indian	☐	☐	☐	☐	☐	☐	☐	☐
Chinese	☐	☐	☐	☐	☐	☐	☐	☐
Filipino	☐	☐	☐	☐	☐	☐	☐	☐
Japanese	☐	☐	☐	☐	☐	☐	☐	☐
Korean	☐	☐	☐	☐	☐	☐	☐	☐
Vietnamese	☐	☐	☐	☐	☐	☐	☐	☐
Other Asian	☐	☐	☐	☐	☐	☐	☐	☐
Native Hawaiian/Other Pacific Islander *(Select all applicable subcategories below)*	☐	☐	☐	☐	☐	☐	☐	☐
Native Hawaiian	☐	☐	☐	☐	☐	☐	☐	☐
Guamanian or Chamorro	☐	☐	☐	☐	☐	☐	☐	☐
Samoan	☐	☐	☐	☐	☐	☐	☐	☐
Other Pacific Islander	☐	☐	☐	☐	☐	☐	☐	☐
Other	☐	☐	☐	☐	☐	☐	☐	☐
Decline to Report	☐	☐	☐	☐	☐	☐	☐	☐

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EQUAL HOUSING OPPORTUNITY

Household Demographic Reporting Form

ETHNICITY *(Select one)*								
Member:	1	2	3	4	5	6	7	8
Hispanic or Latino *(Select all applicable subcategories below)*	☐	☐	☐	☐	☐	☐	☐	☐
Puerto Rican	☐	☐	☐	☐	☐	☐	☐	☐
Mexican, Mexian American, or Chicano/a	☐	☐	☐	☐	☐	☐	☐	☐
Cuban	☐	☐	☐	☐	☐	☐	☐	☐
Another Hispanic, Latino/a, or Spanish Origin	☐	☐	☐	☐	☐	☐	☐	☐
Not Hispanic or Latino	☐	☐	☐	☐	☐	☐	☐	☐
Decline to Report	☐	☐	☐	☐	☐	☐	☐	☐

Are any household members disabled per the Fair Housing Act's definition of disability?

The Fair Housing Act defines disability as:

- A physical or mental impairment which substantially limits one or more major life activities; a record of such an impairment; or being regarded as having such an impairment.

Member:	1	2	3	4	5	6	7	8
Disabled	☐	☐	☐	☐	☐	☐	☐	☐
Not Disabled	☐	☐	☐	☐	☐	☐	☐	☐
Decline to Report	☐	☐	☐	☐	☐	☐	☐	☐

REQUIRED SIGNATURES - *All adult household members sign and date below.*

Member Signature _____ **Date Signed** _____

Member Signature _____ **Date Signed** _____

Member Signature _____ **Date Signed** _____

Member Signature _____ **Date Signed** _____

Member Signature _____ **Date Signed** _____

Member Signature _____ **Date Signed** _____

Member Signature _____ **Date Signed** _____

Member Signature _____ **Date Signed** _____

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