



9/27/07 (TC all)

# APPLICATION FOR ADMISSION



## OFFICE USE ONLY

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Apt. Size: \_\_\_\_\_

Vendra Gardens

Mailing address

5251 Ericson Way

Arcata, CA 95521

ph. (707) 362-7889

fax (707) 497-2468

## OFFICE USE ONLY

Gross Income: \_\_\_\_\_

Income Limit: \_\_\_\_\_

## GENERAL INFORMATION:

Head of Household:

GENDER  
CIRCLE  
ONE

Name	Social Security #	Birthdate/Age	Drivers Lic.# / State
1)		/	M OR F OR O /
2)		/	M OR F OR O /
3)		/	M OR F OR O /
4)		/	M OR F OR O /
5)		/	M OR F OR O /
6)		/	M OR F OR O /
7)		/	M OR F OR O /

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 ☐ 3 bedroom

RENTAL HISTORY- Management's policy is to have 3 years of 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 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
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(Applicant #2)	Name	Address	Phone #	Relationship
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(Applicant #2)	Name	Address	Phone #	Relationship
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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, 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
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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"/>				

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