

APPLICATION FOR ADMISSION

Office Use Only
RECEIVED: Date: _____ Time: _____ Apt. Size: 1 2 3 4

Office Use Only
Gross Income: _____ <input type="checkbox"/> Addition to Existing Household Unit #: _____ Application # _____

COMPLETED: Date: _____ Time: _____

APARTMENT SIZE REQUESTED: (Not all apartment sizes available at every location.) 1 Bedroom 2 Bedroom 3 Bedroom 4 Bedroom

Do you wish to have priority for an apartment with special design features for persons with disabilities? Yes No

HOUSEHOLD COMPOSITION

Legal Name of Head of Household	Social Security #	Driver's License #	Birth date (mm/dd/yy)	Full-Time Student during the Calendar Year
1.			/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address:		City:	State:	Zip:
Email Address:			Phone Number:	

Legal Name of all others who will occupy the unit					
Name	Social Security #	Driver's License #	Birth date (mm/dd/yy)	Relationship to Head of Household	Full-Time Student during the Calendar Year
2.			/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No
3.			/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No
4.			/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No
5.			/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No
6.			/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No
7.			/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No
8.			/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No
9.			/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No

YES NO **Do you anticipate any changes in household composition in the next 12 months?** If yes, please explain: _____

STUDENT STATUS (for RD sties with Tax Credit Program)

YES NO Has **every** member of the household been a full-time student during five calendar months of this year?

YES NO Will every member of the household be a full-time student during five calendar months in the next year?

If yes to either question above, please answer the following questions / if no leave them blank:

YES NO Are **all** members of the household married and either file or are entitled to file a joint tax return?

YES NO Does the household consist entirely of a single parent and his or her minor children?

YES NO If Yes, is the parent a dependent of a third party?

YES NO Are the children a dependent of a third party (other than the other parent)?

YES NO Does at least one member of the household receives assistance under Title IV of the Social Security Act (AFDC, TANF, CalWORKS, etc.)?

YES NO Is at least one member enrolled in a job training program receiving assistance under the Work Investment Act (WIA) formerly known as the Job Training Partnership Act (JTPA), or similar federal, state or local laws?

YES NO Is at least one member of the household under the age of 24 and has exited the Foster Care system within the previous 6 years?

STUDENT STATUS (HUD Section-8 Applicants only)

YES NO Is any adult applicant enrolled as either a part-time or full-time student at an institution of higher education for the purpose of obtaining a degree, certificate, or other program leading to a recognized educational credential? If yes, list the student applicants below and check all boxes that apply to each student applicant.

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Student # 1

Check all that apply

- Student is age 24 or older
 Student is a Veteran
 Student is married
 Student has a dependant child *

Student # 2

Check all that apply

- Student is age 24 or older
 Student is a Veteran
 Student is married
 Student has a dependant child *

Student # 3

Check all that apply

- Student is age 24 or older
 Student is a Veteran
 Student is married
 Student has a dependant child *

Student # 4

Check all that apply

- Student is age 24 or older
 Student is a Veteran
 Student is married
 Student has a dependant child *

Note: Dependant child must reside in the unit*GENERAL INFORMATION**

- YES NO The subsidy program at this project allows for a \$400 disability or handicap adjustment to income. Do you request this deduction for your household?
 If yes, which member of your household entitles you to this deduction? _____
- YES NO Do you own a pet? If yes, please be advised that pets may or may not be allowed. (Inquire with the property manager)
- YES NO Do you have any water-filled furniture? If yes, please be advised that you should have renters insurance.
- YES NO Do you or anyone in your household request "Reasonable Accommodations" to be made?
- YES NO Is at least one member of the household 55 years of age or older at the time of this application? (Applies to Cottonwood Senior and Hale Mohalu Senior Apartments Only)
- YES NO Have you or any household member ever been convicted of a drug violation (use, attempted use, possession, manufacture, sale, or distribution)?
- YES NO Do you have a Section 8 Certificate or Voucher or any other form of tenant based subsidy?
- YES NO Do you have a Letter of Priority Entitlement issued by a Federal Agency due to displacement from another property?
- YES NO Have you or any member of your household ever been convicted of a felony?
- YES NO Have you or any member of your household ever been evicted from any housing?
- YES NO Have you or any member of your household ever had your assistance or tenancy in a subsidized housing program terminated for fraud, nonpayment of rent or failure to cooperate with recertification procedures?

LANDLORD HISTORY (Management's policy is to have **2 years** of continuous landlord history. If additional space is needed, please use the back page of this application or attach an additional sheet.)

1. (Head of Household) Current Address:

Street Apt. # City State Zip

Phone: _____ Dates you lived here: _____

CURRENT LANDLORD: _____ Address: _____

Phone: _____ If apt., name of complex: _____

Reason you want to move: _____

Amount of rent you are paying: \$ _____ Are you being, or have you been evicted? Yes No If yes, explain: _____

PREVIOUS ADDRESS:

Street Apt. # City State Zip

If apt., name of complex: _____ Dates you lived here: _____

Previous Landlord: _____ Reason for Moving: _____

Address: _____ Phone: _____

ALL ADULT APPLICANTS MUST PROVIDE CURRENT AND PREVIOUS ADDRESSES.**2. (Applicant #2) Current Address:**

Street Apt. # City State Zip

Phone: _____ Dates you lived here: _____

CURRENT LANDLORD: _____ Address: _____

Phone: _____ If apt., name of complex: _____

Reason you want to move: _____

Amount of rent you are paying: \$ _____ Are you being, or have you been evicted? Yes No If yes, explain: _____

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PREVIOUS ADDRESS:

Street	Apt. #	City	State	Zip
If apt., name of complex:		Dates you lived here:		
Previous Landlord:		Reason for Moving:		
Address:		Phone:		

3. (Applicant #3) Current Address:

Street	Apt. #	City	State	Zip
Phone:		Dates you lived here:		
CURRENT LANDLORD:		Address:		
Phone:		If apt., name of complex:		
Reason you want to move:				
Amount of rent you are paying: \$_____ Are you being, or have you been evicted? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____				

PREVIOUS ADDRESS:

Street	Apt. #	City	State	Zip
If apt., name of complex:		Dates you lived here:		
Previous Landlord:		Reason for Moving:		
Address:		Phone:		

4. (Applicant #4) Current Address:

Street	Apt. #	City	State	Zip
Phone:		Dates you lived here:		
CURRENT LANDLORD:		Address:		
Phone:		If apt., name of complex:		
Reason you want to move:				
Amount of rent you are paying: \$_____ Are you being, or have you been evicted? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____				

PREVIOUS ADDRESS:

Street	Apt. #	City	State	Zip
If apt., name of complex:		Dates you lived here:		
Previous Landlord:		Reason for Moving:		
Address:		Phone:		

PERSONAL REFERENCES (do not list relatives – preferably business/professional acquaintances) - Applies only if less than 2 years landlord history is provided.

	Name	Address	Phone #	Relationship
(Applicant #1)	(1) _____	_____	_____	_____
	(2) _____	_____	_____	_____
(Applicant #2)	(1) _____	_____	_____	_____
	(2) _____	_____	_____	_____
(Applicant #3)	(1) _____	_____	_____	_____
	(2) _____	_____	_____	_____
(Applicant #4)	(1) _____	_____	_____	_____
	(2) _____	_____	_____	_____

EMERGENCY CONTACT PERSON(S):

Name	Address	Phone #	Relationship
(Applicant #1)	_____	_____	_____
_____	_____	_____	_____
(Applicant #2)	_____	_____	_____
_____	_____	_____	_____

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EMERGENCY CONTACT PERSON(S) cont.:

Applicant #3) Name	Address	Phone #	Relationship
_____	_____	_____	_____
Applicant #4) Name	Address	Phone #	Relationship
_____	_____	_____	_____

AUTOMOBILE(S):

Make: _____ Color: _____ Year: _____ License Plate #: _____

Make: _____ Color: _____ Year: _____ License Plate #: _____

Make: _____ Color: _____ Year: _____ License Plate #: _____

Make: _____ Color: _____ Year: _____ License Plate #: _____

Per the terms of the lease agreement at this complex, trailers, boats, campers, and off road vehicles are not permitted.

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"/>	\$ _____ <input type="checkbox"/> hourly <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> semi-monthly <input type="checkbox"/> monthly		_____
Employment (Earned Income)	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ <input type="checkbox"/> hourly <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> semi-monthly <input type="checkbox"/> monthly		_____
Employment (Earned Income)	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ <input type="checkbox"/> hourly <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> semi-monthly <input type="checkbox"/> monthly		_____
Alimony	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> semi-monthly <input type="checkbox"/> monthly		_____
Child Support	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> semi-monthly <input type="checkbox"/> monthly		_____
Disability Benefits (worker's compensation disability income)	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> semi-monthly <input type="checkbox"/> monthly		_____
Monetary Gifts	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ <input type="checkbox"/> hourly <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> semi-monthly <input type="checkbox"/> monthly		_____
Pension or Retirement Benefits	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> semi-monthly <input type="checkbox"/> monthly		_____
Public Assistance	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____/mo.		_____
School Grants or Scholarships	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly		_____
Social Security / SSI	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____/mo.		_____
Unemployment Compensation	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ <input type="checkbox"/> hourly <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> semi-monthly <input type="checkbox"/> monthly		_____
Veteran's Administration	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ <input type="checkbox"/> hourly <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> semi-monthly <input type="checkbox"/> monthly		_____

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Military Pay	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> semi-monthly <input type="checkbox"/> monthly		
Business/Self Employment Income	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ Net (after business expenses) <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> semi-monthly <input type="checkbox"/> monthly		
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ <input type="checkbox"/> hourly <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> semi-monthly <input type="checkbox"/> monthly		

INCOME (continued):

Does an outside party pay your utility or phone bills or other household expenses? Yes No If yes, amount paid per month \$ _____

Name and address of outside party: _____
Name Address City State Zip

ASSETS: Assets include cash held in savings and/or checking accounts, EBT cards, trust funds, equity in real estate and other capital investments, stocks, bonds, treasury bills, certificates of deposit, money market funds, IRA accounts, retirement and pension funds, lump sum receipts (i.e. lottery winnings, insurance settlements, etc.) and personal property held as an investment (i.e. gem or coin collections, paintings, antique cars, etc.). **Please mark every question either YES or NO. If you answer with a YES, complete the blanks on the right.** Do not include necessary personal property such as furniture, automobiles and clothing.

	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"/>				
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 Deposit	<input type="checkbox"/>	<input type="checkbox"/>				
EBT/ Debit Visa or MC	<input type="checkbox"/>	<input type="checkbox"/>				
Safety Deposit Box	<input type="checkbox"/>	<input type="checkbox"/>				
Trust Account(s)	<input type="checkbox"/>	<input type="checkbox"/>				
Stocks or Bonds	<input type="checkbox"/>	<input type="checkbox"/>				
IRA/Keough/Life Insurance or other retirement account	<input type="checkbox"/>	<input type="checkbox"/>				
Rental Property	<input type="checkbox"/>	<input type="checkbox"/>				
Other Real Estate	<input type="checkbox"/>	<input type="checkbox"/>				
Equity in a business	<input type="checkbox"/>	<input type="checkbox"/>				
Cash on Hand	<input type="checkbox"/>	<input type="checkbox"/>	Amount \$ _____			
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>				

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ASSETS (Continued):

YES NO Have you received or do you expect to receive any LUMP SUM payments such as inheritances, lottery winnings, insurance settlements or an amount other than your monthly allotment from Social Security, Public Assistance or Disability?

If yes, source of lump sum payment: _____ Amount of lump sum payment \$ _____

Source address: _____ When did you receive payment? _____

YES NO 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)? If yes, type of asset: _____ Amount received _____

Name of party who acquired asset: _____ Address: _____

YES NO Was this due to a divorce, separation, bankruptcy or foreclosure?

SIGNATURE/CERTIFICATION

I/We hereby certify that the unit applied for will be the household's permanent residence.
I/We further certify that I/we do/will not maintain a separate subsidized rental unit in another location.
I/We understand that I/we must pay a security deposit for this unit.
I/We understand that my/our eligibility for housing will be based on USDA-Rural Development income limits, Low Income Housing Tax Credit Program income limits(if applicable), and tenant selection criteria.

I/We certify that all information in this Application is true to the best of my/our knowledge and understand that false statements or information are punishable by law and will lead to rejection of this Application or termination of tenancy after occupancy.

I/We understand the responsibility, as applicant, to keep Management notified of any changes. This includes any changes in household size, current address and contact information, income and/or assets.

I/We authorize the owner to obtain credit and criminal background reports, verify income and assets and to contact current and previous landlords.

Signature Date

Signature Date

Signature Date

Signature Date

Signature Date

Signature Date

Signature Date

Signature Date

Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.

How did you hear about this complex?

Newspaper Ad Phone Book/Yellow Pages Tenant Referral Internet Other: _____

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

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DEMOGRAPHIC INFORMATION

“The information regarding race, ethnicity and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal Laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with.”

“You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.”

Please check (✓) the applicable Ethnicity of each Applicant

ETHNICITY	APPLICANT # 1	APPLICANT # 2	APPLICANT # 3	APPLICANT # 4	APPLICANT # 5	APPLICANT # 6	APPLICANT # 7	APPLICANT # 8	APPLICANT # 9
Hispanic or Latino (any race)									
Not Hispanic or Latino									

Please check (✓) the applicable Race/National Origin of each Applicant

RACE/NATIONAL ORIGIN	APPLICANT # 1	APPLICANT # 2	APPLICANT # 3	APPLICANT # 4	APPLICANT # 5	APPLICANT # 6	APPLICANT # 7	APPLICANT # 8	APPLICANT # 9
(1) American Indian or Alaskan Native									
(2) Asian									
(3) Black or African American									
(4) Native Hawaiian or Other Pacific Islander									
(5) White									

Please check (✓) the applicable Gender of each Applicant

GENDER	APPLICANT # 1	APPLICANT # 2	APPLICANT # 3	APPLICANT # 4	APPLICANT # 5	APPLICANT # 6	APPLICANT # 7	APPLICANT # 8	APPLICANT # 9
Male									
Female									

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