Applicant Name:	

AFFORDABLE APPLICATION FOR APARTMENT HOME RENTAL

- Each household member 18 years of age and older must sign the application.
- Incomplete applications will not be processed. To consider your application, it must reflect all income, assets, signature and date completed. All lines must be filled, you may write "None", "No" or "N/A". Do not use whiteout, if you need to make a correction, put one line through the incorrect information, write the correct information above, and initial the change.
- The property shall be occupied only by the person(s) named on this application unless prior written authorization is obtained from the Landlord.
- We will process your application according to our standard procedures which are summarized in the Tenant Selection Plan, provided to you.
- Applicants for Federally Assisted Housing Only:
 - A. The Social Security Number requirements do not apply to 1) Individuals aged 62 or older as of January 31, 2010, whose initial determination of eligibility was begun before January 31, 2010 2) Individuals who do not contend eligible immigration.
 - **B.** To remain active on the waiting list, application must be updated every twelve months. It is your responsibility to contact us whenever your address, telephone number or income situation changes, or whenever you need to add or remove a household member from your application.

Household Information

Name: Date of Birth: SSN/ ITIN: Phone:				<u> </u>	<u> </u>	
M F D	1	Name:		Date of Birth:	SSN/ ITIN:	Phone:
Sex: M F D Date of Birth: Student Status: FT PT N/A Sex: M F D E-mail: Date of Birth: Sex: M F D Date of Birth: Sex: Relationship: FT PT N/A Sex: FT PT N/A Sex: FT PT N/A Relationship: FT PT			E-mail:			Relationship:
M F D	2	Name:		Date of Birth:	SSN/ ITIN:	Phone:
Sex: M F D Date of Birth: Student Status: FT PT N/A Name: Date of Birth: Sex: M F D Sex: M F D Date of Birth: Sex: M F D Sex: M F D Date of Birth: Sex: M F D Sex:			E-mail:			Relationship:
M F D FT PT N/A 4 Name: Date of Birth: SSN/ ITIN: Phone: Sex: M F D E-mail: SSN/ ITIN: Phone: Sex: M F D E-mail: Student Status: FT Phone: 6 Name: Date of Birth: SSN/ ITIN: Phone: Sex: E-mail: Student Status: Phone:	3	Name:		Date of Birth:	SSN/ ITIN:	Phone:
Sex: M F D			E-mail:			Relationship:
M F D FT PT N/A 5 Name: Date of Birth: SSN/ ITIN: Phone: Sex: M F D E-mail: Student Status: FT Relationship: 6 Name: Date of Birth: SSN/ ITIN: Phone: Sex: E-mail: Student Status: Relationship:	4	Name:		Date of Birth:	SSN/ ITIN:	Phone:
Sex: M F D E-mail: Student Status: FT PT N/A Relationship: Sex: Date of Birth: Sex: Student Status: FT PT N/A Relationship: Student Status: Phone: Sex: Student Status: Relationship:			E-mail:			Relationship:
M F D Bate of Birth: SSN/ ITIN: Phone: Sex: E-mail: Student Status: Relationship:	5	Name:		Date of Birth:	SSN/ ITIN:	Phone:
Sex: E-mail: Student Status: Relationship:			E-mail:			Relationship:
	6	Name:		Date of Birth:	SSN/ ITIN:	Phone:
			E-mail:			Relationship:





								Applicar	nt Name:
	INFORMATION:	•		n housing h	nistory	is manda	tory		
Attach a su	pplemental sheet Street Address:	if necessa		ity:		10	County:	State:	Zip:
Address	Street Address.			ıty.			ounty.	State.	∠ ιρ.
	From: / /	To: /	1	Is this F Housing	edera g?	Illy Assis	ted	Amount of applicable: \$	Rent, if
	Landlord/Conta	ct Name:	Landlo Phone:	rd/Contac	t	Landlor	d/Contact Add	dress:	
Previous Address	Street Address:		С	ity:		С	County:	State:	Zip:
	From: / /	To: /	1	Was thi Housing	is Fed g?	erally As	sisted	Amount of applicable	Rent, if
	Landlord/Conta	ct Name:	Landlo Phone:	rd/Contac	t	Landlor	d/Contact Add	dress:	
	FORMATION: All						arv		
	d Member:		e of Inc		<u>orroot</u>	11100000	Contact er	mail:	
Phone Nu	mber:	Addre	ss:				Income: \$		Start Date:
Household Member:		Sourc	Source of Income:				per hr /wk /mo / yr Contact email:		
Phone Nu	mber:	Addre	SS:				Income: \$		Start Date:
Househol	d Member:	Sourc	Source of Income:			per hr /w Contact er	<u>rk /mo / yr</u> mail:		
Phone Nu	mber:	Addre	ss:				Income: \$		Start Date:
Househol	d Member:	Sourc	e of Inc	ome:			per hr /w Contact er	<u>rk /mo / yr</u> mail:	
Phone Nu	ımber:	Addre	SS:				Income: \$		Start Date:
								vk /mo / yr	
	FORMATION: All eport all income b				n for Al	I Family N	Members		
Househole	d Member:	Na	me of Ir	nstitution:		rent ance: \$		Type of Asset:	f
1.						·			
							· ·		· · · · · · · · · · · · · · · · · · ·





			Applicant Name:
2.			
3.			
4.			
I. What unit size are you	ı applying for?		
2. Do you require a hand	licap or accessible unit?		
3. Do you or a household	d member claim disability?		
I. Do you or anyone in y	our household anticipate cha	nge in household	composition during the next 12
months? If Yes, p	lease explain:		
5. Have you or any propo	osed occupant listed in this ap	plication ever bee	en Evicted or Displaced?
If Yes, please explain:			
6. Are any members of y	our household subject to the	lifetime state sex	offender registration program in any
state? If Yes, plea	ase explain:		<u></u>
7. Are there any member If Yes, how many		community who c	lo not have legal immigration status?
3. Are any members of y	our household a victim of dor	nestic violence, da	ating violence, sexual assault or
stalking, that can be v	erified through a third-party (i	.e. a police report	, restraining order, other legal forms
and documentation or	a completed Form HUD-5382	2)?	
Do you have any pets	? If yes, how many?	Describe:	
VEHICLE INFORMATION	N:		
VEHICLE(S)/RECREATION	NAL #1 (Make, Model, Color,	Year):	
License Plate:	State:		
EMERGENCY CONTACT	Γ INFORMATION:		
Name:	Relationship:		
Cell Phone:	Alt Phone:		
Lundaretand that this an	nlication for an apartment is a	ubject to accepta	nce or denial. I hereby state that

I understand that this application for an apartment is subject to acceptance or denial. I hereby state that the information set forth above is true and complete and authorize verification of the information and references given including the investigation of a professional credit check, arrest/convictions record and background check for all applicants. I understand that it is a crime to knowingly provide false information for the purpose of obtaining or maintaining occupancy and/or for the purpose of securing a lower rent in a subsidized housing development. Should any statement made above be a misrepresentation or untrue, the application will be immediately declined, and the application fee will be retained as compensation to





Applicant Name:	

the agent for holding the apartment off the market. If move-in has already occurred, providing false or misleading information may result in the termination of my lease and the eviction of me and my household.

It is understood the partial security deposit received in the amount of \$____, will be returned if applicant is not accepted as a resident. If accepted and the resident does not move in on the starting date given, the amount received is hereby acknowledged as liquidated damages for non-performance and will be forfeited by the resident as compensation for holding the apartment off the market. I understand I may cancel this application by written notice within 72 hours and received a full refund of security deposit. If I cancel after 72 hours, I understand I forfeit the security deposit.

Notice: under California law, applicants receiving a government rent subsidy have the option, at the applicant's discretion, of providing lawful, verifiable alternate evidence of the applicant's reasonable ability to pay tenant's portion of the rent. This includes without limitation, government benefit payments, pay records, and bank statements. If an eligible applicant elects to submit alternative evidence, we will consider this alternative evidence in lieu of obtaining the applicant's credit history.

I hereby consent to allow Landlord through its designated agent and its employees, to obtain and verify my credit information for the purpose of determining whether or not to lease an apartment to me. I understand that should I lease an apartment, Landlord and its agent shall have the continuing right to review my credit information, rental application, payment history and occupancy history for account review purposes and for improving application review methods.

ALLEGANT 4-LIMITED NAME	ALL LICANT SIGNATURE	DATE
APPLICANT 4- PRINTED NAME	APPLICANT SIGNATURE	DATE
APPLICANT 3- PRINTED NAME	APPLICANT SIGNATURE	DATE
APPLICANT 2- PRINTED NAME	APPLICANT SIGNATURE	DATE
HEAD OF HOUSEHOLD- PRINTED NAME	APPLICANT SIGNATURE	DATE

PENALTIES FOR MISUSING THIS CONSENT:

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, the PHA, and any owner (or any employee of HUD, the PHA, or the owner) may be subject to penalties for unauthorized disclosures or improper uses 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 willfully 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, the PHA, 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).

Violations of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).





Applicant Nam	e.
p ipplicant Ham	٠.

RECEIPT AND ITEMIZATION FOR TENANT SCREENING FEES

On	, Landlord receiv	/ed \$ 45.00		from the
(Date)				
undersigned, hereinafter ca	lled "Applicant," who	seeks to rent	from Landlord the	premises located at:
Address:	Unit	City	State:	Zip
Payment is to be used to so	creen "Applicant". Th	e amount cha	orged is itemized as	s follows:
1. Actual cost of credit repo	rt, unlawful detainer (eviction) sea	rch, and/or other so	creening
reports			\$ <u>24.</u>	00
2. Cost to obtain, process a	and verify screening i	nformation (m	nay include staff tim	ne and
other soft costs)			\$ <u>21</u>	.00
3. Total fee charged (cannot	ot exceed the amoun	t fixed by law)	\$ <u>45</u>	5.00
Screening fees paid by:			nly ier's Check ☐ Mo	oney Order
	П.			
Community Name		y <i>Individual</i> S	Signing for Landlord	1
Aperto Property Manage Management Co.	ement, Inc_Agent for I	andlord. Dat	e:	
Option to receive receipt	by email . Please prov	ride your ema	il address here:	
(Applicant	fill in email address, if	electing email	receipt)	

If you do not provide a valid email address, your receipt will be provided personally or mailed to the present address listed in Part 1 of this Application.

Aperto Property Management, Inc. * DRE Broker #02042194

Applica	nt N	lame:	

INVESTIGATIVE CONSUMER REPORTING AGENCIES ACT DISCLOSURE (CALIFORNIA APPLICANTS ONLY)

Please be advised that landlord intends to request an investigative consumer report regarding the Applicant's character, general reputation, personal characteristics, and mode of living.

Under Section 1786.22 of the California Civil Code, the files maintained on you by the investigative consumer agency shall be made available to you during business hours and on reasonable notice, provided you furnish proper identification, as follows:

- 1. You may appear at the investigative consumer reporting agency identified below.
- 2. You may make a written request for copies to be sent by certified mail to a specified addressee.
- 3. You may make a written request for a summary of the file to be provided over the telephone.

The agency may charge a fee, not to exceed the actual duplication costs, if you request a copy of your file.

The agency will provide trained personnel to explain any information furnished to you and will provide an explanation of any coded information contained in files maintained on you.

You may be accompanied by one other person of your choosing, who must furnish proper identification. The agency may require you to furnish a written statement granting permission to the agency to discuss your file in such a person's presence.

Landlord agrees to send the report to Applicant within three (3) business days of the date the report is provided to Landlord. Landlord may contract with another entity to send a copy of the report.

The Investigative Consumer Report will be conducted by:

RentGrow Consumer Relations
177 Huntington Avenue, Suite 1703 #74213
Boston MA 02115



Aperto Property Management, Inc. * DRE Broker #02042194

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App	licant	Name:	

Screening Fee Disclosure

Landlord will require payment of a fee, which is to be used to screen Applicant. The total amount of the fee is specified on the Receipt and Itemization for Tenant Screening Fees.

As required by California Civil Code Section 1950.6, Landlord's screening process complies with the policy indicated below:

First Qualified, First Approved. Landlord's written screening criteria are provided together with this Application. Completed applications are considered in the order received, and the first applicant who meets Landlord's screening criteria will be made an offer to rent. Applicants are not charged a screening fee unless or until their application is actually considered. In the event Landlord inadvertently charges screening fees to multiple applicants as the result of concurrent submissions, Landlord will refund the screening fee within 7 days to any applicant whose application is not considered, except as otherwise agreed by applicant. Landlord is not required to refund a screening fee to an applicant whose application is denied, after consideration, because the applicant does not meet the landlord's established, written screening criteria.

Equal Housing Opportunity Policy

This policy affirms the commitment to ensuring fair and equitable housing practices in accordance with all applicable local, state, and federal fair housing laws. Housing accommodations must be provided to all individuals without discrimination based on race, color, religion, age, sex, sexual orientation, gender identity, gender expression, genetic information, marital status, military or veteran status, national origin, ancestry, immigration status, familial status, source of income, disability, or status as a survivor of domestic violence, dating violence, sexual assault, stalking, human trafficking, or elder or dependent adult abuse.

Commitment to Equal Housing

Fair housing is best achieved through leadership, education, and cooperation among landlords, property managers, and the community. To uphold these principles, Landlord agrees to the following commitments:

- 1. Housing opportunities will be offered to all applicants and residents equally in all aspects of rental, or leasing.
- 2. Rental policies, rules, and guidelines will be applied consistently and fairly to ensure equal treatment throughout a resident's tenancy.
- 3. Information regarding the racial, religious, or ethnic composition of a neighborhood will not be disclosed, nor will any practice that results in "steering" be engaged in.
- 4. All advertising and statements related to rental housing will be free from any language or implication of preference, limitation, or discrimination.

Adherence to this policy ensures compliance with fair housing laws and reinforces our commitment to providing equal housing opportunities for all individuals.

Aperto Property Management, Inc. * DRE Broker #02042194

