

RETURN TO:  
[STREET ADDRESS]  
[CITY, STATE ZIP CODE]

[INSERT COMPANY LOGO, COMPANY NAME, APARTMENT BUILDING NAME]

FOR OFFICE USE ONLY	
Ref. # _____	
Rec'd _____ by _____	
Added to waitlist <input type="checkbox"/> or Denied <input type="checkbox"/>	
because: <input type="checkbox"/> Incomplete	
<input type="checkbox"/> Income too low	
<input type="checkbox"/> Income too high	
Denial letter sent: _____	

## APPLICATION FOR RENTAL HOUSING

Before completing this application:

- **Read the *entire* Application Package.** If you need help to complete the application or want information about what happens next after you complete the application, contact [insert staff name and contact #].
- Complete the entire application, in clear, easy-to-read writing; **we cannot accept incomplete applications or those we are not able to read.**
- Answer every question honestly. **The information you provide will be checked for its accuracy.** Your application will be denied if you knowingly provide false information.

**Persons with an eviction or criminal record are not automatically denied.** If your criminal record or poor rental history was due to disability, then you are encouraged to submit a **Request for Reasonable Accommodation** along with this application. If your history was due to circumstances that no longer apply, additional consideration may be requested on the **Request for Consideration** form.

[If your organization has a partner who is able and qualified to assist potential renters in filling out this application, please include their information here:]

Which property or properties are you applying for, and what size unit? *(Check all that apply.)*  
*(Refer to Occupancy Standards and Summary of Properties for restrictions.)*

[Name of Property]


SINGLE ROOM  STUDIO (0)  ONE BEDROOM (1)  TWO BRs(2)  THREE BRs(3)  FOUR BRs  
(4)




If anyone in your household has a disability that requires or would benefit from certain features of an **accessible unit**, then you may indicate a preference or request for such a unit here:   
**Checking this box does not limit you only to accessible units, if you believe that you can use a non-accessible unit with “reasonable” or no accommodations.** *(Documentation of disability and verification of need for an accessible unit will be required if applying for an accessible unit.)*

**CONTACT INFORMATION**

HEAD OF HOUSEHOLD: \_\_\_\_\_  
FIRST NAME MIDDLE INITIAL LAST NAME

 MAILING ADDRESS: \_\_\_\_\_  
STREET ADDRESS APT. CITY STATE ZIP CODE

 HOME PHONE: (\_\_\_\_) \_\_\_\_\_ CELL PHONE: (\_\_\_\_) \_\_\_\_\_ WORK PHONE: (\_\_\_\_) \_\_\_\_\_

E-MAIL: \_\_\_\_\_ BEST WAY TO CONTACT YOU: \_\_\_\_\_

**MEMBERS OF HOUSEHOLD**

List all adults and children who will be living in the apartment at least 50% of the time.

FULL LEGAL NAME (First Name, Middle, Last Name)	RELATIONSHIP (to head of household; ex.: spouse, niece, friend)	BIRTH DATE (month/day/year)	SEX (Male / Female)	SOC. SECURITY NO. (Last 4 digits only; full number will be required at interview)
1.	HEAD OF HOUSEHOLD	__/__/__	M / F	XXX-XX-_____
2.		__/__/__	M / F	XXX-XX-_____
3.		__/__/__	M / F	XXX-XX-_____
4.		__/__/__	M / F	XXX-XX-_____
5.		__/__/__	M / F	XXX-XX-_____
6.		__/__/__	M / F	XXX-XX-_____
7.		__/__/__	M / F	XXX-XX-_____
8.		__/__/__	M / F	XXX-XX-_____

**ATTACH ADDITIONAL PAGE IF MORE HOUSEHOLD MEMBERS NEED TO BE LISTED**

**A.** Do you plan to have anyone living with you in the future who is not listed above? (All additions to household are subject to approval)

No  YES: (WHO, WHEN, WHY?) \_\_\_\_\_

**B.** Is anyone in your household married, but separated or with spouse not living in household?

No  YES: (WHO?) \_\_\_\_\_

**C.** Has anyone in your household been involved in eviction or unlawful detainer action? (You may explain this in the **Request for Consideration** form)

No  YES: (WHO?) \_\_\_\_\_ (YEAR?) \_\_\_\_\_ (ADDRESS:) \_\_\_\_\_

(WHY?)  Non-payment of rent  Other: \_\_\_\_\_

(RESULTS):  Moved  Evicted  Case Dismissed  Stipulation (settled with the court)

Other \_\_\_\_\_



**MEMBERS OF HOUSEHOLD (CONTINUED)**

**D.** In the past 7 years, has anyone in your household been *convicted* of a felony and/or misdemeanor crimes? (See **Request for Reasonable Accommodation**)

**No**    **YES:** (*WHO?*) \_\_\_\_\_ (*YEAR?*) \_\_\_\_\_ (*CONVICTIONS:*) \_\_\_\_\_

**STUDENT STATUS**

Identify all household members (adults and minors) who attended school/classes in the past year, currently are students, or plan to attend school in the upcoming year.

Check here if no one in the household is enrolled in classes, and no one has been a student in the past year or plans to be in the next year.

**Definition of Student:** Anyone who attends classes or receives training at a community college, vocational school with a diploma or certificate program, technical school, university, or kindergarten through 12<sup>th</sup> grade.

Name of Person	Choose (circle) 1 of the 3 options:			Part-Time or Full-Time Student?	Name of School	Receiving Financial Aid?
	Is not now, but was in <b>past year</b>	Is a student <b>now</b>	Is not now, but will in <b>future</b> (this year)			
	<i>Past</i> / <i>Now</i> / <i>Future</i>			PT / FT		Y / N
	<i>Past</i> / <i>Now</i> / <i>Future</i>			PT / FT		Y / N
	<i>Past</i> / <i>Now</i> / <i>Future</i>			PT / FT		Y / N
	<i>Past</i> / <i>Now</i> / <i>Future</i>			PT / FT		Y / N

**RESIDENCE / RENTAL HISTORY**

**A.** Does your household have to move because the city or county is enforcing public health laws or building codes or other public safety laws?

**No**    **YES:**

(EXPLAIN) \_\_\_\_\_

**B.** Does anyone in your household *currently* own a house or other real estate property?

**No**    **YES:** (EXPLAIN) \_\_\_\_\_

**C.** Has anyone owned a house or other real estate property *in the past 2 years*?

**No**    **YES:** (EXPLAIN) \_\_\_\_\_

**D.** Does anyone in your household possess a current Section 8 voucher, Shelter Plus Care, or other housing payment assistance from a similar agency?

**No**    **YES:** (*WHICH HOUSING AUTHORITY/AGENCY, APPROVED BEDROOM SIZE*) \_\_\_\_\_

**E.** When would you be ready to move? \_\_\_\_\_



**LIST THE PLACE(S) THAT EACH ADULT HAS LIVED IN THE PAST 5 YEARS** (18 years of age or older, or an emancipated minor) **If you are currently homeless, provide Verification of Homelessness.**

	WHERE YOU LIVE NOW	PREVIOUS RESIDENCE	PREVIOUS RESIDENCE
ADDRESS	_____ _____	_____ _____	_____ _____
WHICH BEST DESCRIBES YOUR SITUATION?	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with friend/relative <input type="checkbox"/> In Program/Facility/Shelter/Homeless <input type="checkbox"/> Other _____	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with friend/ relative <input type="checkbox"/> In Program/Facility/Shelter/Homeless <input type="checkbox"/> Other _____	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with friend/ relative <input type="checkbox"/> In Program/Facility/Shelter/Homeless <input type="checkbox"/> Other _____
RENT/MORTGAGE/ AMOUNT YOU PAY	\$ _____ / MONTH	\$ _____ / MONTH	\$ _____ / MONTH
# OF PEOPLE IN UNIT/# OF BEDROOMS	_____ / _____	_____ / _____	_____ / _____
WHEN DID YOU LIVE HERE?	___/___/___ TO NOW	___/___/___ TO ___/___/___	___/___/___ TO ___/___/___
ON THE LEASE?	YES / NO	YES / NO	YES / NO
PROGRAM/LANDLORD'S NAME			
PROGRAM/LANDLORD'S ADDRESS			
PGRM/LANDLORD'S PHONE			
REASON(S) FOR MOVING			

**2<sup>ND</sup> ADULT HOUSEHOLD MEMBER**

**NAME:** \_\_\_\_\_

**Check here if details are the same as head of household above:**

HEAD OF HOUSEHOLD	WHERE YOU LIVE NOW	PREVIOUS RESIDENCE	PREVIOUS RESIDENCE
ADDRESS	_____ _____	_____ _____	_____ _____
WHICH BEST DESCRIBES YOUR SITUATION?	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with friend/relative <input type="checkbox"/> In Program/Facility/Shelter/Homeless <input type="checkbox"/> Other _____	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with friend/ relative <input type="checkbox"/> In Program/Facility/Shelter/Homeless <input type="checkbox"/> Other _____	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with friend/ relative <input type="checkbox"/> In Program/Facility/Shelter/Homeless <input type="checkbox"/> Other _____
RENT/MORTGAGE/ AMOUNT YOU PAY	\$ _____ / MONTH	\$ _____ / MONTH	\$ _____ / MONTH
# OF PEOPLE IN UNIT/# OF BEDROOMS	_____ / _____	_____ / _____	_____ / _____
WHEN DID YOU LIVE HERE?	___/___/___ TO NOW	___/___/___ TO ___/___/___	___/___/___ TO ___/___/___
ON THE LEASE?	YES / NO	YES / NO	YES / NO
LANDLORD'S NAME			
LANDLORD'S ADDRESS			
LANDLORD'S PHONE			
REASON(S) FOR MOVING			

**IF MORE SPACE IS NEEDED FOR ADDITIONAL ADULTS, ATTACH ADDITIONAL RESIDENCE HISTORY PAGE.**



**INCOME**

A. Each month, how much money does the entire household receive? \$

B. EMPLOYMENT –  Check here if no adults currently are working.  
 For any adults currently working, complete the following:

HOUSEHOLD MEMBER NAME: _____	JOB TITLE _____	DATE EMPLOYED: _____ TO <u>NOW</u>
EMPLOYER: _____	MONTHLY GROSS INCOME: \$ _____	

HOUSEHOLD MEMBER NAME: _____	JOB TITLE _____	DATE EMPLOYED: _____ TO <u>NOW</u>
EMPLOYER: _____	MONTHLY GROSS INCOME: \$ _____	

(IF MORE SPACE IS NEEDED, THEN CONTINUE ON BACK OF THIS PAGE AND CHECK HERE  .)

C. SELF-EMPLOYMENT –  Check here if no adults currently are self-employed.  
 For any adults self-employed or independent contractors, complete the following:

HOUSEHOLD MEMBER NAME: _____	TYPE OF WORK: _____	DATE SELF-EMPLOYED: _____ TO <u>NOW</u>
DID YOU FILE TAX RETURNS LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO		NET INCOME/MONTH: \$ _____

(IF MORE SPACE IS NEEDED, THEN CONTINUE ON BACK OF THIS PAGE AND CHECK HERE  .)

D. **ZERO INCOME**

Does any adult in the household claim to receive no income, from any source?

No  YES:

(WHO?) \_\_\_\_\_

E. MONTHLY/WEEKLY BENEFITS/PAYMENTS –  Check here if no one receives any benefits/payments  
 If any adults or minors receive any of the following benefits, fill in amount and identify who receives the benefit:

GROSS AMOUNT PER MONTH / WHO RECEIVES?	GROSS AMOUNT PER MONTH / WHO RECEIVES?
SOCIAL SECURITY \$ _____	VETERAN'S BENEFITS \$ _____
SSI \$ _____	PENSION / RETIREMENT BENEFITS \$ _____
CASH / MONETARY GIFTS \$ _____	CHILD / SPOUSAL SUPPORT \$ _____
UNEMPLOYMENT \$ _____	DISABILITY / WORKER'S COMP. \$ _____
CALWORKS/GA \$ _____	SETTLEMENT PAYMENTS \$ _____
OTHER: _____ \$ _____	OTHER: _____ \$ _____

- F. **IN-KIND/NON-CASH BENEFITS**  Check here if no one receives any in-kind/non-cash benefits.  
*You may have other benefits that help to meet your monthly expenses. If any adults or minors receive any of the following benefits, check the appropriate box(es) and identify who receives the benefits:*

<i>WHO RECEIVES?</i>	<i>WHO RECEIVES?</i>
SNAP/FOOD STAMPS <input type="checkbox"/> _____	TANF/CALWORKS CHILD CARE <input type="checkbox"/> _____
MEDICAID <input type="checkbox"/> _____	TANF/CALWORKS TRANSPORTATION <input type="checkbox"/> _____
MEDICARE <input type="checkbox"/> _____	OTHER TANF/CALWORKS SERVICES <input type="checkbox"/> _____
SCHIP <input type="checkbox"/> _____	SECTION 8/PUBLIC HOUSING <input type="checkbox"/> _____
VA MEDICAL SERVICES <input type="checkbox"/> _____	OTHER : _____ <input type="checkbox"/> _____

**ASSETS**

- A. List all accounts and assets held by *any* household member (including minors).  
*Examples: checking or savings account, certificate of deposits, 401K funds accessible to you, whole life insurance, stocks, real estate, more than \$300 cash, etc.*

Check here if no one has any assets.

HOUSEHOLD MEMBER	ACCOUNT TYPE	JOINT?	BANK	BALANCE
		Y / N		\$
		Y / N		\$
		Y / N		\$

*IF YOU HAVE MORE ASSETS/ACCOUNTS, THEN CONTINUE ON BACK OF PAGE AND CHECK HERE .*

- B. In the last two years, have you sold or given away or transferred to someone else any item of value for less than the item's fair market value?  
 No  YES: ITEM: \_\_\_\_\_ DATE: \_\_\_\_\_ FAIR MARKET VALUE: \$ \_\_\_\_\_ AMOUNT RECEIVED: \$ \_\_\_\_\_

**ALTERNATE CONTACT PERSONS (OPTIONAL)**

You may wish to provide the contact information of any persons who can give you a message and/or who can discuss your application if we cannot contact you. Please use the Optional Contact Information form to show the contact information.



**CERTIFICATION**

***Under penalty of perjury***, I certify that the information supplied on this application is true and complete to the best of my knowledge. I understand that information will be verified by third parties and that this application could be denied due to false information. I understand that a final decision on eligibility cannot be made until **all** information is verified.

I have read and understand the attached Application Package information.

I understand that completion of this application does not guarantee I/we will become tenants at any property managed by [insert company name].

I authorize [insert company name] to verify my information to determine if I am eligible and suitable to become a tenant. I authorize any tenant verification service, credit agency, or other verification service chosen by [insert company name] to obtain verification of assets, income, credit history, criminal background, employment, and references as needed to determine if I am eligible and suitable to become a tenant.

I understand that it is my responsibility to update the property manager with any changes in the information on how to contact me.

_____ SIGNATURE OF HEAD OF HOUSEHOLD	_____ DATE
_____ SIGNATURE OF 2ND ADULT HOUSEHOLD MEMBER	_____ DATE
_____ SIGNATURE OF 3RD ADULT HOUSEHOLD MEMBER	_____ DATE
_____ SIGNATURE OF 4TH ADULT HOUSEHOLD MEMBER	_____ DATE

**Check the box if you are attaching additional pages to your application:**  YES, SEE ATTACHED

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*[Insert company name] is an equal opportunity housing provider to all, regardless of actual or perceived race, color, national origin, ancestry, sex, marital status, physical or mental disability, familial status, source of income, religious or political affiliation, sexual orientation, medical condition, participation in or eligibility for a housing assistance program, experience of homelessness, status as a survivor of domestic violence, or other arbitrary basis.*

*All requests for reasonable accommodations will be considered*

## **NOTICE OF RIGHT TO REASONABLE ACCOMMODATION AND MODIFICATION**

### **Reasonable Accommodation:**

At any stage in the housing process (during the application process, while you are a tenant, and during termination), you may request a reasonable accommodation if you have a disability and as a result of your disability you need:

- A change in rules, policies or how we do things that would give you an equal chance to live here and use the housing facilities or take part in programs on site;
- A special type of room or housing unit that would give you an equal chance to live here and use the housing facilities or take part in programs on site;
- A second chance if you violated a housing rule or policy as a result of your disabilities and have a reasonable plan for complying with the rules and policies in the future; or
- A change in the way that we communicate with you or give you information.

### **Reasonable Modification:**

You may request a reasonable modification if you have a disability and as a result of your disability you need:

- A physical change in your room or housing unit that would give you an equal chance to live here and use the housing facilities or take part in programs on site; or
- A physical change in some other part of the housing site that would give you an equal chance to live here and use the housing facilities or take part in programs on site.

### **Your Request:**

We will try to make the change you requested, if you can show that:

- you have a disability,
- that the reasonable accommodation or modification is necessary because of your disability, and
- your request is reasonable (meaning that it does not pose an undue financial or administrative burden or fundamentally alter the nature of the housing services)..

You can obtain a Request for Reasonable Accommodation Form [give exact title of form or forms] from the building's Property Manager. If you need help filling out the Form, or if you want to make your request in some other way, we will help you.

### **Our Response:**

After receiving your request for reasonable accommodation or for a reasonable modification, you will receive an answer in 10 business days, unless there is a problem getting the information we need or unless you agree to a longer time. We will let you know if we need more information or verification from you or if we would like to talk to you about other ways to meet your needs.

If we turn down your request, we will explain the reasons. You can give us more information if you think that will help. We will try to work with you to find a way to accommodate your needs.

### **Confidentiality:**

NOTE: All information you provide will be kept confidential and be used only to help you have an equal opportunity to enjoy your housing, the common areas, and the programs offered on site.





**REQUEST FOR REASONABLE ACCOMMODATION or MODIFICATION  
IN THE APPLICATION PROCESS**

Head of Household: \_\_\_\_\_

1. The following household member is an individual with a disability as defined by federal and state fair housing laws [(a) has a physical or mental impairment that substantially limits one or more life activities; or (b) has a record of having such an impairment; or (c) is regarded as having such an impairment]: *Name:* \_\_\_\_\_
  
2. As a result of this disability, I am requesting the following reasonable accommodation or modification or my household (please check one or more boxes below).  
 *A change in the Eligibility Screening Criteria, as it relates to:*  
 Rental history    Criminal history    Other

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Other. Please specify below:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Attach additional pages if necessary.*

3. I/We need this reasonable accommodation so that I/we can:

\_\_\_\_\_  
\_\_\_\_\_

4. You may verify that I (or the person named in #1 above) have a disability and the need for this request by contacting:

_____		
Name and Title	Agency/Clinic/Facility	
_____		
Address	Telephone	Fax

*I give you permission to contact the above individual for purposes of verifying that I have (or a household member has) a disability and a need for the reasonable accommodation or modification requested above. I understand that the information you obtain will be kept confidential and used solely to determine if you will grant the accommodation or modification..*

Printed Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Signed: \_\_\_\_\_

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





## Verification of Homelessness

**Instructions:** Please provide certification on letterhead stationery. This recommended template can be copied onto letterhead or recreated with the same content and printed on letterhead.

### Certification

I certify that \_\_\_\_\_ stayed/received services at \_\_\_\_\_  
(Client's Name)  
(Facility/ Program Name)

for the following period of time:

- (1) between: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ and : \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(2) between: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ and : \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(3) between: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ and : \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(4) between: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ and : \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Please indicate if this program is **residential** or **drop-in/outreach** (circle one)

*Additional detail about the client's episodes of homelessness may be written below. If you are a drop-in/outreach center please indicate in detail how you have verified the client's situation of homelessness.*

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Before coming to this facility, the homeless family or person resided at \_\_\_\_\_.

This facility is classified as one of the following types of facilities/programs:

- |                                               |                                                    |
|-----------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Emergency Shelter    | <input type="checkbox"/> Mental Health Institution |
| <input type="checkbox"/> Transitional Housing | <input type="checkbox"/> Correctional Facility     |
| <input type="checkbox"/> Permanent Housing    | <input type="checkbox"/> Substance Abuse Facility  |
| <input type="checkbox"/> Medical Institution  | <input type="checkbox"/> Other: _____              |

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of Facility Staff)



Title: \_\_\_\_\_ Phone: \_\_\_\_\_

**OPTIONAL CONTACT INFORMATION**

You may name a family member, friend, case manager, or social, health, advocacy, or other organization that may be able to help in resolving any issues that might arise during the application process or when you are a tenant.

**You may update, remove, or change the information you provide on this form at any time.**

You are not required to name an additional contact person or organization, but if you do, please provide the name, information on how to contact them and when to contact them.

The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone:</b>	<b>Cell Phone:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Mailing Address:</b>	
<b>Telephone:</b>	<b>Cell Phone:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason any reason when we will contact this person or organization</b> <input type="checkbox"/> Only to relay messages to me <input type="checkbox"/> To assist with my application process <input type="checkbox"/> Emergency <input type="checkbox"/> When unable to contact me <input type="checkbox"/> Termination of my rental assistance <input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Late payment of rent <input type="checkbox"/> To assist with my recertification process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



