Application For Housing

Property Name: Liberty Lane
Address: 1215-1231 Texas Street
Redlands, CA 92374

For Office Use Only

Date Received:_____

This information is to be filled out by the primary applicant. The information you provide below will be used to determine if the household meets eligibility guidelines for the property you are applying for. All information will be kept confidential. Failure to provide the required information will prevent us from considering your application.

Please complete all sections. Application must be signed by all adults in the household (18 years or older). The property has some units with accessible features such as mobility and sensory. Please list the need for an accessible unit on this page.

Name: Phone: Other Phone:

Mailing Address: City: State/Zip Code:

Email address:

Do you require a ground floor unit?
☐ Yes ☐ No

Do you require accessible features for mobility and/ or hearing/vision? ☐ Yes ☐ No

Do you need a reasonable accommodation for the application process? ☐ Yes ☐ No If yes, please explain:

REFERRING CASE MANAGEMENT ORGANIZATION (IF ANY):

Name: _____

Organization: _____

Address: _____

Phone #: _____ Fax#:_____ E-Mail: _____

EQUAL HOUSING OPPORTUNITY

Household Information

List all household members who will occupy the apartment, including yourself and persons anticipated to join the household (e.g., unborn child/children of expectant household members, children to be adopted, etc)

Please answer all questions. Write "N/A" if a question is not applicable.

Full Name	Relationship to Primary applicant	Date of Birth (DOB)	Last 4 digits of Social Security #	Student Status	
	SELF			☐ Yes ☐ No	☐ Full Time ☐ Part Time
				☐ Yes ☐ No	☐ Full Time ☐ Part Time
				☐ Yes ☐ No	☐ Full Time ☐ Part Time
				☐ Yes ☐ No	☐ Full Time ☐ Part Time
				☐ Yes ☐ No	☐ Full Time ☐ Part Time
				☐ Yes ☐ No	☐ Full Time ☐ Part Time

Do you have full custody of the dependents listed above (if any)? ☐Yes ☐ No

Will any of the household members live anywhere else except the apartment? (if any)?
☐Yes ☐ No

Are there any household members who will live in the apartment on a less than full-time basis? (if any)? ☐ Yes ☐ No

Are there any household members who will live in the apartment that are students living on campus? (if any)? ☐ Yes ☐ No

Do you have a family member temporarily away on military service? (if any)? ☐ Yes ☐ No

Do you have a live-in aide for whom you have a health care professional's verification showing a medical need? ☐ Yes ☐ No

Do you or any member of your household own a car? ☐ Yes ☐ No

EQUAL HOUSING OPPORTUNITY

Will you require a parking space? ☐ Yes ☐ No
Do you or any member of your household anticipate a change in your household's composition in the next 12 months? ☐ Yes ☐ No

Do you or any member of your household have a Section 8 voucher or certificate ☐ Yes ☐ No
Expiration Date: _____

If ALL household members listed above are full-time (FT) students, please answer the following questions:

☐ Receiving assistance under Title IV of the Social Security Act (AFDC/TANF/Cal Works - not SSA/SSI)

☐ Enrolled in a job training program receiving assistance through the Job Training Participation Act (JTPA) or other similar program

☐ Married and filing (or are entitled to file) a joint tax return

☐ Single parent with a dependent child or children and neither you nor your child(ren) are dependent of another individual

Housing Status

NOTE: Please provide 2 years of housing history.

CURRENT ADDRESS:	City, State:	Zip Code:
Apartment Name/Landlord Name:	Landlord Phone Number:	Reasons for moving?
How long have you lived at this address? _____ years _____ months	Beginning date of occupancy	Ending date of occupancy
PREVIOUS ADDRESS:	City, State	Zip Code:
How long did you live at this address? _____ years _____ months	Beginning date of occupancy	Ending date of occupancy
NEXT PREVIOUS ADDRESS:	City, State	Zip Code:
How long did you live at this address? _____ years _____ months	Beginning date of occupancy	Ending date of occupancy

EQUAL HOUSING OPPORTUNITY

HISTORY OF HOMELESSNESS (IF ANY):

How many times have you been homeless in the past 5 years? _____

What is your longest period of homelessness? _____

What is the cause of your current homelessness?_____

When was the last time (month/year) you lived in your own place?_____

Where did you sleep last night?_____

☐ Previously enrolled in the Foster Care program (currently age 18-24)

(optional) Please indicate if you are requesting a unit with special accommodations for any member of your household

☐ Mobility ☐ Visual ☐ Hearing Disability

Program Information

How did you hear about us?

Were you or any member of your household ever convicted of a felony? If yes, when? Explain circumstances briefly.

☐ Yes ☐ No

Have you or any member of your household ever been evicted? If yes, when? Explain circumstances briefly.

☐ Yes ☐ No

OTHER INFORMATION:		
Type of Vehicle:_____(car, truck,	License Plate #_____	
Make/Model:_____	Year: _____	Color:_____

EMERGENCY INFORMATION: In case of emergency, notify…	
Name:_____	Phone #1_____ Phone #2_____
Address:_____	Relationship: _____
Name:_____	Phone #1_____ Phone #2_____

Income Information

List all current full- and/or part-time employment income for all household members. (Include self-employment gross earnings and net taxable income.) See below for non-employment sources of income.

EMPLOYMENT INFORMATION:		
Name of person employed:_____		Supervisor:_____
Company Name:_____		Title:_____
Address:_____		Date of Hire:_____
City/State/Zip:_____		Hours Per week: _____
Phone:_____	Fax:_____	$_____ Per Hour $ _____ Per Year
EMPLOYMENT INFORMATION:		
Name of person employed:_____		Supervisor:_____
Company Name:_____		Title:_____
Address:_____		Date of Hire:_____
City/State/Zip:_____		Hours Per week: _____
Phone:_____	Fax:_____	$_____ Per Hour $ _____ Per Year
EMPLOYMENT INFORMATION:		
Name of person employed:_____		Supervisor:_____
Company Name:_____		Title:_____
Address:_____		Date of Hire:_____
City/State/Zip:_____		Hours Per week: _____
Phone:_____	Fax:_____	$_____ Per Hour $ _____ Per Year

OTHER INCOME INFORMATION:
Identify each source of income currently received or anticipated to be received in the next 12 months.

Type of income	Check Yes or No	Monthly Gross Income (Enter N/A if none)	Name of Beneficiary
1. Self-Employment	☐Yes ☐No	$	
2. Unemployment Compensation	☐Yes ☐No	$	

EQUAL HOUSING OPPORTUNITY

3. Disability/Worker's	☐Yes ☐No	$	
4. Social Security/SSI Benefits	☐Yes ☐No	$	
5. VA Benefits	☐Yes ☐No	$	
6. Pension/Annuity	☐Yes ☐No	$	
7. Military Pay	☐Yes ☐No	$	
8. Public Assistance	☐Yes ☐No	$	
9. Child Support/Alimony/Family	☐Yes ☐No	$	
10. Recurring Gift/Contribution	☐Yes ☐No	$	
11. Rental Income	☐Yes ☐No	$	
12. Lottery Winnings Paid	☐Yes ☐No	$	
13. Adoption Assistance	☐Yes ☐No	$	
14. Trust Income	☐Yes ☐No	$	
15. Other Income	☐Yes ☐No	$	
16. Zero Income	☐Yes ☐No	$	

Assets

Complete each category as applicable.

Type of Asset	Name of Financial Institution	Check Yes or No	Current Amount	Account Holder
1. Checking		☐Yes ☐No	$	
2. Savings		☐Yes ☐No	$	
3. Cash on Hand		☐Yes ☐No	$	
4. Stocks/Mutual Funds		☐Yes ☐No	$	
5. CD/Money Markets		☐Yes ☐No	$	
6. Treasury Bill		☐Yes ☐No	$	
7. Bonds		☐Yes ☐No	$	
8. IRA/KEOGH		☐Yes ☐No	$	
9. 401K		☐Yes ☐No	$	
10. Pension/Annuity		☐Yes ☐No	$	
11. Whole Life Insurance		☐Yes ☐No	$	
12. Universal Life		☐Yes ☐No	$	
13. Land Contract/Deed		☐Yes ☐No	$	
14. Real Estate		☐Yes ☐No	$	

15. Safety Deposit Box		☐Yes ☐No	$	
16. Personal Property Held as an Investment		☐Yes ☐No	$	
17. Trusts		☐Yes ☐No	$	
18. Lottery Winnings		☐Yes ☐No	$	
19. Lump Sum Receipts		☐Yes ☐No	$	

Has any adult family member sold, given away, or otherwise disposed of any assets during the past two years? ☐ Yes ☐ No

If yes, please complete the following:

Asset Disposed: _____ Date Disposed: _____

Amount Disposed: _____Reason of disposal: _____

Screening Criteria

- Have you or any other household member listed on this application ever used a different name or social security number other than the one provided on this application? ☐ Yes ☐ No
- Have you or any household member listed on this application been involved in any alleged Criminal activity or ever been convicted of a felony that might adversely affect the health, safety, c or welfare of other tenants? ☐ Yes ☐ No
  If yes, please explain:

  _____

Have you or any other household member listed on this application subject to a lifetime sex offender registration requirement in any state?
☐ Yes ☐ No

Have you or any other household member listed on this application been convicted of illegal sale, distribution or manufacture of methamphetamine or any other controlled substance?
☐ Yes ☐ No

Notice: All potential residents are subject to federal requirements. Should any applicants deliberately submit false information regarding income, family composition, or other data on which the eligibility or determined, you will be subject to penalties under federal law.

Pursuant to Civil Code Section 1785.26, you are hereby notified that a negative credit report reflecting on your credit record may be submitted in the future to a credit reporting agency if you fail to fulfill the terms of your rental/credit obligations or if you default in those obligations in any way.

You certify that all information given in this application hereto is true, complete and accurate. You understand that if any of this information is false, misleading, inaccurate or incomplete, management may decline your application or, if move-in has occurred, terminate your tenancy.

You authorize the Property to make all inquiries to verify this information either directly or through information exchanged now or later with rental and credit screening services, and to previous and current landlords, or other sources for credit and verification confirmation which may be released to appropriate federal, state and local agencies.

If your application is approved and you move-in, you certify that only those persons listed on the application will occupy the apartment and that they will not maintain another place of residence. You agree to notify management in writing regarding any changes in household address, telephone numbers and/or income and household composition. You have read and understand the information in this application and agree to comply. You understand that if this application is placed on a waiting list, we may request sample copies of the rental agreement.

By signing this application, you agree to authorize management to obtain one or more consumer report as defined in the Fair Credit Reporting Act, 15 U.S.C. Section 1681a(d) seeking information on credit worthiness, standing, and criminal background check.

I DECLARE THAT THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

1. I/we certify that if selected to move into this project, the unit I/we occupy will be my/our primary residency.

2. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief.

3. I/we understand that false statements or information are punishable under federal law and cause for immediate denial of housing.

4. I/we understand I/we must provide written notification of any changes to the information on this form, especially homeless history, mailing address and telephone number.

5. I/we understand that the above information is being collected to determine my/our eligibility for an apartment. I/we authorize the owner to verify all information provided on this application and to contact previous or current landlords, employers, or other sources for credit and verification information which may be released by appropriate federal, state, and local agencies, or private persons to the owner/management.

6. I/we agree to allow management to perform a consumer credit check and criminal background check on all adult household members. (I/we may request copies of these documents).

7. I/we agree to allow management to contact, provide status information request through and coordinate eligibility with the case management organization listed on this application.

8. Housing is subject to eligibility and availability.

I/we declare under penalty of perjury that I/we have read the above statements, and I/we grant my/our consent for the release of information to all necessary third parties as needed for verification purposes.

× _____ _____

Signature of Head of Household **Date**

× _____ _____

Signature of other Adult Member **Date**

× _____ _____

Signature of other Adult Member **Date**