



FOR OFFICE USE ONLY	
Date Received _____	Time _____
Household Size _____	Unit Size _____
Reviewed By _____	
Interviewed By _____	Date _____
Assignment: Unit _____	Category _____

APPLICATION FOR ADMISSION OR RECERTIFICATION APLICACIÓN PARA ADMISION O RECERTIFICACIÓN

NON-DISCRIMINATION STATEMENT: We are an Equal Housing Opportunity Provider. We provide rental housing without discrimination on the basis of race, color, creed, national origin, religion, sex, marital or familial status, age, orientation, income source, physical or mental handicap, or other protected classes as defined by the laws of the Federal or State government, either now in place or put in place at a later date. **DECLARACIÓN DE NO DISCRIMINACIÓN:** *Nosotros somos proveedores de oportunidad justa de vivienda. Nosotros proveemos viviendas de renta sin discriminacion en base a raza, color, origen nacional, sexo, estado marital o familiar, edad, orientacion, fuente de ingreso, desabilidad fisica o mental, o otras clases protegidas como son definidas por las leyes federales o el gobierno del estado establecidas o impuestas mas tarde en otra fecha.*

IMPORTANT: I understand that all information given on this application is subject to verification, including a credit report and criminal background report. Any information determined to be false or untrue may result in the permanent cancellation of the application. Any security deposit given will be held until application is processed, but does not indicate that the application is approved and may be returned at any time prior to occupancy. **IMPORTANTE:** *Entiende que toda la información en esta aplicación sera verificada, incluyendo un reporte de credito y reporte de antecedentes criminales. Cualquier información determinada de ser falso o no verdadera resultara en cancelación permanente de su aplicación. Cualquier deposito de seguridad aceptado sera retenido hasta que su aplicación sea procesada, pero no indicara que su aplicación haya sido aprobada y puede ser regresado antes de ocuparse.* **TO THE APPLICANT:** Please fill out this form completely. All references will be checked and if any information is found to be false or incomplete, the applicant may be rejected. Use additional pages if more space is needed. **PARA EL APLICANTE:** *Favor de llenar esta forma completamente. Todas las referencias serán confirmadas y si se encuentran cualquier información falsa o incompleta, el aplicante puede que sea rechazado. Use paginas adicionales si necesita mas espacio.*

PLEASE PRINT (LETRA DE MOLDE POR FAVOR)

Name _____ Name of Co-Tenant (if any) _____
 Nombre _____ Nombre de Co-Inquilino/a (si hay) _____

Mailing Address _____ City: _____ State: _____ Zip: _____
 Direccion de correos _____ Ciudad _____ Estado _____ Zona Postal _____

Physical Address _____ Apt# _____
 Domicilio actual _____ #Apt _____

City _____ State _____ Zip Code _____ Contact Phone # _____
 Ciudad _____ Estado _____ Zona Postal _____ Teléfono de Contacto _____

Employed By _____ How Long? _____
 Empleador _____ Cuanto tiempo? _____

Address of Employer _____
 Domicilio de Empleado _____

City _____ Position Held _____ Work Phone No. _____
 Ciudad _____ Posición _____ Teléfono de Trabajo _____



HOUSEHOLD OCCUPANTS: List below all persons who will be living in the unit, including yourself. **MIEMBROS DEL HOGAR:** Nombre abajo todas las personas que vivirán en la unidad, incluyéndose a si mismo.

Last Name <i>Apellido</i>	First Name <i>Primer Nombre</i>	Social Security No. <i>Número de Seguro Social</i>	Birth Date <i>Fecha de Nacimiento</i>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Are any members of the household a Veteran? Yes ___ No ___ If yes who? _____
 Aljun miembro del hogar es veterano? Si ___ No ___ Si si quien? _____

Unit size requested? *Tomano de la unidad que require?* _____

Have you or any other adult Household Occupant(s) used or been known by any other name and/or alias? Yes ___ No ___
Es Usted o cualquier otro ocupante adulto en su hogar conocido o ha sido conocido con otro nombre o apodo? Si ___ No ___
 Please Specify who and what other name(s) are/were used:
Por favor especifique quien y que otro nombre o nombres han sido usados:

Current Name <i>Nombre Actual</i>	Other Name Used/Alias <i>Otro Nombre Usado/Apodo</i>
1.	
2.	
3.	

Describe any pets you or anyone in your household own? (Cat, Dog, Bird, Snake, Etc.) _____
Describe cualquier animal doméstico que usted o alguien en su familia tenga (gato, perro, pajar, serpiente, etc.)

RESIDENCY STATUS: Are all household members U.S. Citizens? Yes ___ No ___
ESTADO DE RESIDENCIA: Son ciudadanos todos los miembros de su casa? Sí ___ No ___
 If NO, are all non-citizen household members legal resident aliens? Yes ___ No ___
 Si es no, son todos los que no son ciudadanos de su casa residentes legales? Sí ___ No ___

(Please provide resident alien cards of all resident aliens.) If NO, please explain: *(Favor de mostrar tarjetas de Residencia legal.) Si no hay, favor de explicar:* _____

Please list all full-time students and students enrolled in an institute of higher education attach student verification form(s):
Enumere por favor a todos los estudiantes a tiempo completo (K-12) y los estudiantes alistados en un instituto de una educación más alta unen por favor formas de la verificación del estudiante:

Anticipated medical expenses not covered by insurance for the next 12 months \$ _____ (including doctor, dentist, prescriptions, insurance premiums paid by you, etc.) *Gastos médicos anticipados no cubiertos por a seguridad en los proximos 12 meses \$ _____ incluyendo doctor, dentista, recetas, polizas de aseguranza pagadas por usted etc.)*

Do you have child care expenses? _____ Name of child care provider _____
Tiene usted gastos de ciudad de niños(s)? Nombre del proveedor de cuidado Provider's address (Direccion del proveedor) _____ Phone(Teléfono) _____



INCOME (INGRESO)

Does any member of this household anticipate receiving or being awarded income from any of the following sources during the next 12 months? **Mark every question yes or no. Complete all of the blanks for any questions answered with yes.** *Anticipa cualquier miembro de esta familia recibir ingreso de cualquier siguiente fuente durante los próximos 12 meses? Marque cada pregunta si o no. Llene todos espacios por cualquier pregunta que conteste con un si.*

	No/Yes <i>No/Si</i>	Amount Received week/month/year (indicate which) <i>Cantidad que recibe por semana/mes/año</i>	Received by which household member <i>Cual miembro de la familia to recibe?</i>	Source of Income-name/address/phone (use blank page if necessary) <i>Trabajo o Compania Nombre/Dirección/Teléfono</i>
A. Employment Income 1 <i>Sueldos 1</i>				
B. Employment Income 2 <i>Sueldos 2</i>				
C. Employment Income 3 <i>Sueldos 3</i>				
D. Employment Income 4 <i>Sueldos 4</i>				
E. Social Security 1 <i>Seguro Social 1</i>				
F. Social Security 2 <i>Seguro Social 2</i>				
G. SSI (Supplement) 1 <i>SSI (supplemental) 1</i>				
H. SSI (Supplement) 2 <i>SSI (supplemental) 2</i>				
I. Pension/Retirement 1 <i>Pension/Retiro 1</i>				
J. Pension/Retirement 2 <i>Pension/Retiro 2</i>				
K. Child Support Awarded <i>Mant. Para hijos</i>				
L. Alimony Award <i>Pension para esposa</i>				
M. Veteran's Benefits <i>Benef para veteranos</i>				
N. Welfare/TANF <i>Welfare/A.F.D.C.</i>				
O. Unemployment 1 <i>Desempleo 1</i>				
P. Unemployment 2 <i>Desempleo 2</i>				
Q. Workers Comp. <i>Comp al trabajador</i>				
R. Interest Income <i>Interes</i>				
S. Scholarships/Grants <i>Becas/Becas escolares</i>				
T. Monetary Gifts <i>Regalos monetarios</i>				
U. Other Income <i>Otro Ingreso</i>				

Note: You must list address of income sources. They will be used for verification. *(Nota: Debe dar lista de domicilios de lugares de ingreso. Serán usados para verificación.)*



INVENTORY OF ASSETS (INVENTARIO DE BIENES)

List all of the assets owned by members of this household. Complete all of the blanks for any questions answered with yes, or the application will be rejected. *Inventario de bienes que tengan todos los miembros de esta vivienda. Complete todos los espacios en blanco si su respuesta es si.*

	No/ Yes No/ Sí	Name on Account <i>Nombre en La Cuenta</i>	Account Number <i>Número de Cuenta</i>	Current Actual Balance/Value <i>Balance/Valor</i>	Bank Source <i>Lugar de Banco</i> Name/Address/Phone # <i>Nombre/domicilio/Teléfono</i>
A. Checking Account <i>Cuenta de Cheques</i>					
B. Cash or Savings Account <i>Dinero en efectivo o cuenta de Ahorros</i>					
C. Debit Cards (EDD, Social Security benefits, Payroll, Public Assistance, etc) <i>Targetas de debito (beneficios de desempleo, Seguro social, asistencia publica, etc.)</i>					
D. Money Market Account <i>Cuenta a Plazos</i>					
E. Cert of Deposit <i>Cert de Deposito</i>					
F. A Trust or Trust Accts <i>(Cuenta Fiduciario de deposito)</i>					
G. Treasury Bills, Stocks & Bonds <i>Bonos de Ahorro</i>					
H. IRA/Keogh/ Life Insurance <i>IRA/Keogh/Aseguranza de vida</i>					
I. Other Retirement or Pension Account <i>Cuenta de pensión Ahorros de jubilacion</i>					
J. Capital Investments or Real Property <i>Inversiones de capital</i>					
K. Other Assets <i>Otros Bienes</i>					



Have you or any applicant disposed of any asset(s) for less than fair market value during the last (2) years? (*Durante los últimos (2) años, ha dispuesto usted o alguien en esta familia de bienes por menos de su valor?*) _____ If yes explain: (*Si sí, explique:*) _____

Are you being displaced by government action? (*Ha sido usted desplazado por una acción de gobierno?*) _____

Are you now living in a Government or other type of subsidized unit? (*Esta usted viviendo actualmente en una unidad de gobierno o de otra clase subsidio?*) _____ Name of Property _____

Has any household member's rental assistance or tenancy in a subsidized housing program ever been terminated for fraud, nonpayment of rent, or failure to cooperate with the recertification procedures? Yes _____ No _____. If yes, please explain the circumstances: (*Hay algun miembro de su casa al que le hayan terminado su asistencia en renta de subsidio por fraude, no pagar renta, la falta de cooperación con el proceso de recertificación? Si ____ No ____ Si es sí, favor de explicar circunstancias*) _____

Has any household member ever been evicted from any housing? (*Hay algun miembro de su familia que se le haya pedido desocupar la vivienda?*) _____ If yes, please explain (*Si es sí, favor de explicar*) _____

Does any household member have any history of criminal activity within the last seven (7) years, including but not limited to, crimes of violence against persons or property, unlawful drug activity of any kind, or other acts adversely affecting the health, safety or welfare of others? If yes, please explain: (*Hay algun miembro de su casa con historia de actividad criminal dentro de los últimos(s) siete(7) años incluyendo pero no limitando a crímenes de violencia contra personas o propiedades, actividad de drogas ilegales, o otros actos adversarios que afecten la salud, seguridad y bienestar de otros? Si es sí, favor de explicar*). _____

Is any household member subject to a lifetime registration requirement under a state sex offender registration program in any state? If yes, please explain: (**Note:** If fail to respond to the question may jeopardize the approval of the application or termination of tenancy or assistance) (*¿Hay Algún miembro del hogar sujeta/o a una obligación de registro de por vida bajo un programa de registro de delincuentes sexuales del estado en cualquier estado? Si es sí, favor de explicar*) **Nota:** Si, no contesta a la pregunta puede poner en peligro la aprobación de la solicitud y la terminación del arrendamiento o la asistencia. _____

VEHICLES (*Vehículos*)

(List any autos, motorcycles, boats, campers, motor homes, trailers, etc. belonging to any one in your household:)

(Incluya autos, motos, botes, campers, trailers, etc. que pertenezcan a alguien en su familia)

MAKE <i>Marca</i>	YEAR <i>Año</i>	COLOR <i>Color</i>	LICENSE PLATE # <i># De Placas</i>	EXPIRATION <i>Expiran en</i>



**IF YOU ARE A CURRENT TENANT RECERTIFYING
STOP HERE & CONTINUE TO “REASONABLE ACCOMMODATION”**

*SI ES USTED UN INQUILINO RECERTIFICANDO
DETÉNGASE AQUÍ Y CONTINUE A “ACOMODACION RAZONABLE”*

Please provide (5) years of Rental History (*Facilita cinco años de historial de renta por favor*):

Current Landlord: (*Manejador actual*) _____ from ___/___/___ to ___/___/___
 Current Address: Street (*Calle*) _____ Apt. # (*# de Apt*) _____
Domicilio del Manejador: City (*Ciudad*) _____ State (*Estado*) _____ Zip (*Zona Postal*) _____
 Name of Complex (*Nombre del Proyecto*) _____
 Name of Current Landlord and phone number (*Nombre del Manejador Actual y Teléfono*) _____
 Monthly Rent: (*Renta Mensual*)\$ _____ Reason for leaving (*Razon de Cambio*) _____

Previous Landlord: (*Propietario Anterior*)
 Name of Landlord _____ Phone _____ live there from ___/___/___ to ___/___/___
Nombre de Propietario _____ *Teléfono* _____ *vivio ahí desde* _____ *hasta* _____
 Address of Landlord (*Domicilio de Propietario*) _____
 _____ Name of Complex (*Nombre de Proyecto*) _____
 Tenant Name (*Nombre del Inquilino*) _____
 Address at that time? (*Domicilio de ese tiempo?*) _____
 Reason for leaving (*Razón de Cambio*) _____

Previous Landlord: (*Propietario Anterior*)
 Name of Landlord _____ Phone _____ live there from ___/___/___ to ___/___/___
Nombre de Propietario _____ *Teléfono* _____ *vivio ahí desde* _____ *hasta* _____
 Address of Landlord (*Domicilio de Propietario*) _____
 _____ Name of Complex (*Nombre de Proyecto*) _____
 Tenant Name (*Nombre del Inquilino*) _____
 Address at that time? (*Domicilio de ese tiempo?*) _____
 Reason for leaving (*Razón de Cambio*) _____

REASONABLE ACCOMMODATION

Acomodacion Razonable

This apartment community does not discriminate against applicants or residents on the basis of a disability. In addition, we have a policy to provide “reasonable accommodations” to residents where possible. This may include priority for an accessible apartment or modifications to the apartment or premises. *Esta comunidad de apartamentos no discrimina contra los aplicantes o residentes en base a su raza, color, religion, sexo, origen de nacionalidad, estado familiar o discapacidad. En adición, tenemos una política que provee “acomodaciones razonables” a residentes donde sea posible si algun miembro de la familia tiene una discapacidad. Esto tal vez incluya prioridad para un apartamento accesible o modificaciones al apartamento o sus alrededores.*

A reasonable accommodation is some modification or adjustment to income that we can make that will afford an otherwise eligible applicant or resident with a disability an equal opportunity to use and enjoy the apartment, including public and common use areas. *Una acomodacion razonable es alguna modificacion o ajuste que podemos hacer que le permitira a un aplicante o residente elegible con discapacidad la justa oportunidad de usar y disfrutar el apartamento incluyendo las areas comunes y publicas ejemplos.*

An applicant household that has a member with a disability must still be able to meet essential obligations of the resident selection criteria. They must be able to pay rent on time. Care for their apartment, report required information to Management, avoid disturbing their neighbors, etc.; however, there is no requirement that they be able to do these things without assistance. *Un hogar aplicante que tiene a un miembro con una discapacidad tiene que ser apto para cumplir con obligaciones esenciales de la criteria para la seleccion de residentes. Tienen que poder pagar la renta a tiempo cuidar de su apartamento, reportar informacion requerida por el manejoamiento. Evitar el disturbar a sus vecinos etc. Sin embargo no hay ningun requerimiento de que puedan hacer estas cosas sin asistencia.*

If a member of your household has a disability and you think you might need or want a reasonable accommodation that relates to your disability, please ask the office for our **Special Requirements Questionnaire** form. *Si algun miembro de su hogar tiene discapacidades y usted piensa que tal vez necesite o quiera acomodaciones razonables relacionadas con su discapacidad por favor pida a la oficina un Questionario Para Requerimientos Especiales.*

Is your household in need of an accessible unit? If yes do you require mobility features, hearing/vision features or both? YES or NO (circle one) MOBILITY, HEARING/VISION or BOTH (circle one). If yes, must be verified. Please complete the Reasonable Accommodation Request. *Desea usted obtener ajuste de ingresos para incapacitados (si hay) o unidad accesible para incapacitados, o las dos cosas? (Si lo desea, verificación es necesaria. Por favor de llenar forma de Solicitud Para Requerimientos Razonables.*



CERTIFICATION (CERTIFICACIÓN)

I certify that the forgoing information is true and complete to the best of my knowledge. I understand that all information given on this application as well as any information or materials deemed necessary to complete the application including credit reports and criminal background reports are subject to verification. Information determined to be false or untrue may result in permanent cancellation of the application, or if applicable, may result in the termination of tenancy. Any security deposit given will be held until application is processed, but does not indicate that the application is approved and may be returned at any time prior to occupancy. I understand that an acceptable government photo identification for all adult household members is required prior to acceptance of my application. *Yo certifico que la siguiente información es verdadera y completa para mi conocimiento. Yo entiendo que toda la información dada en esta aplicación así como cualquier información o material que sea necesario para completar la aplicación incluyendo reportes de crédito y reporte de antecedentes criminales son sujetos a verificación. La información que sea determinada falsa o no verdadera puede resultar en la cancelación permanente de la aplicación. O si es aplicable puede resultar en la terminación de su contrato. Cualquier depósito de seguridad dado será retenido hasta que la aplicación sea procesada. Pero esto no indica que la aplicación es aprobada y puede ser regresado en cualquier tiempo antes de la ocupación. Yo entiendo que una identificación aceptable del gobierno con foto de todos los miembros del hogar adultos es requerida antes de aceptar my aplicación.*

I certify the housing I will occupy at _____ will be our permanent residence. I further certify that I will not maintain a separate living unit in a different location. *(Yo certifico que la vivienda que ocupare en: _____ será nuestra residencia permanente. Yo además certifico que yo no tendre otra vivienda separada en un lugar diferente.*

Signature (Firma) _____	Date (Fecha) _____
Signature (Firma) _____	Date (Fecha) _____
Signature (Firma) _____	Date (Fecha) _____
Signature (Firma) _____	Date (Fecha) _____
Signature (Firma) _____	Date (Fecha) _____
Signature (Firma) _____	Date (Fecha) _____

WARNING STATEMENT: Section 1001 of Title 18, United States Code provides, "Whoever in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five (5) years, or both". *(Declaracion de advertencia: La Seccion 1001 Del Titulo 18,Codigo de Los Estados Unidos Provee, "Quien quiera en cualquier manera dentro de la juridiccion de cualquier departamento o agencia de los estados unidos bajo conocimiento y voluntariamente falsifica, esconde o cubre por medio de truco, plan o ardid un hecho material o hace cualquier declaracion falsa. ficticia o fraudulenta o representacion, o hace o usa cualquier escrito falso o documento bajo conocimiento que este contiene cualquier declaracion falsa, ficticia o fraudulenta o anadida, sera multado no menos de \$10,000 o encarcerado por no menos de cinco (5) años o los dos."*

How did you hear about _____ Apartments?
(Property Name)

Would you like to have a copy of the O/A Tenant Selection Procedures? (Please check box)

YES or NO, if "YES" you would like a paper copy or electronic copy

EACH PROPERTY'S TENANT SELECTION PROCEDURES ARE POSTED ONSITE AND COPIES WILL BE PROVIDED UPON YOUR REQUEST.



EMERGENCY NOTIFICATION (OPTIONAL)
NOTIFICACION DE EMERGENCIA (OPCIONAL)

Person to notify in case of Emergency: *(Persona a notificar en caso de emergencia)*

Name *(Nombre)* _____ Phone *(Teléfono)* _____
 Relationship *(Relación)* _____ Address *(Dirección)* _____

APPLICATION AMENDMENT *(ENMIENDA A LA APLICACION)*

The information solicited on this application is requested by the apartment owner in order to assure the Federal Government, acting through its agencies that Federal Laws prohibiting discrimination against tenant applicants on the grounds of race, color, creed, national origin, religion, sex, marital or familial status, age, or physical or mental handicap 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 requested to note the race/national origin and sex of individual applicants on the basis of visual observation or surname. *(La información solicitada en esta aplicación es requerida por el dueño de los apartamentos con el fin de asegurar al gobierno federal, actuando por medio de sus agencias que las leyes federales prohibiendo la discriminación en contra de inquilinos/aplicantes en base a raza, color, credo, origen nacional, religion, sexo, estado marital o familiar, edad o discapacidad física o mental se estan cumpliendo. No es requerido que usted nos proporcione esta información. Pero se le alienta a hacerlo. Esta información no sera usada en evaluar su aplicación o para discriminar contra usted de ninguna forma. Sin embargo, si usted elije no proporcionarla, al dueño se le requiere que anote la raza/nacionalidad de origen y sexo de los individuos aplicantes en base a observacion visual o apellido.*

1. Sex: *(Sexo)* Male *(Masculino)* _____ Female *Femenino* _____
2. Ethnicity: Hispanic or Latino (of any race) *(Etnicidad: Hispanico o Latino(cualquier raza))* _____
 Non-Hispanic or Latino *(No Hispanico o Latino)* _____
 Taken together, these two categories equal 100% of the population. *(Juntandose, estas dos categoria equivalen al 100% de la población.*
3. Race: *(Raza)*
 - White *(Blanco)* _____
 - Black or African American *(Negro o Africano Americano)* _____
 - Native American or Alaskan Native *(Native American o Nativo de Alaska)* _____
 - Asian *(Asiatico)* _____
 - Native Hawaiian or Other Pacific Islander *(Native Hawaiiiano o de otras islas del pacifico)* _____

Privacy Act Notice

The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), by Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the social security number of each household member who is 6 years old or older.

Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities.

Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government’s financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate federal, state, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law.

Penalty: You must provide all of the information requested by the owner, including all social security numbers you, and all other household members regardless of age, have and use. Giving the social security numbers of all household members regardless of age is mandatory, and not providing the social security numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

“This institution is an equal opportunity provider.”

“El Departamento de Agricultura de Estados Unidos (USDA) es un proveedor que ofrece igualdad de oportunidades.”



Please return this questionnaire in the stamped return-addressed envelope provided.

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 and any owner (or any employee of HUD 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 willingly 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 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 USC **408 (a) (6), (7) and (8)



We Do Business in Accordance With the Federal Fair Housing Law
(The Fair Housing Amendments Act of 1988)

TELEPHONE VERIFICATION

Person Contacted: _____ Phone _____ Date _____

Name of Interviewer: (Print) _____ Title _____

Signature of interviewer: _____

Comments: _____

TENANT INCOME CERTIFICATION QUESTIONNAIRE

One Form per Adult Member of the Household

NAME: _____	TELEPHONE NUMBER: _____
<input type="checkbox"/> Initial Certification	BIN # CA-09-17802 _____
<input type="checkbox"/> Re-certification	
<input type="checkbox"/> Other	Unit # _____

INCOME INFORMATION

	YES	NO	MONTHLY GROSS INCOME	
1.	<input type="checkbox"/>	<input type="checkbox"/>	I am self-employed. (List nature of self employment) _____	(use <u>net</u> income from self-employment only) \$ _____
2.	<input type="checkbox"/>	<input type="checkbox"/>	I have a job and receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation: List the businesses and/or companies that pay you: <div style="text-align: center;"><u>Name of Employer</u></div> 1) _____ 2) _____ 3) _____	\$ _____ \$ _____ \$ _____
3.	<input type="checkbox"/>	<input type="checkbox"/>	I receive cash contributions of gifts including rent or utility payments, on an ongoing basis from persons not living with me.	\$ _____
4.	<input type="checkbox"/>	<input type="checkbox"/>	I receive unemployment benefits.	\$ _____
5.	<input type="checkbox"/>	<input type="checkbox"/>	I receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income.	\$ _____
6.	<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic social security payments.	\$ _____
7.	<input type="checkbox"/>	<input type="checkbox"/>	The household receives <u>unearned</u> income from family members age 17 or under (example: Social Security, Trust Fund disbursements, etc.).	\$ _____
8.	<input type="checkbox"/>	<input type="checkbox"/>	I receive Supplemental Security Income (SSI).	\$ _____
9.	<input type="checkbox"/>	<input type="checkbox"/>	I receive disability or death benefits other than Social Security.	\$ _____
10.	<input type="checkbox"/>	<input type="checkbox"/>	I receive Public Assistance Income (examples: TANF, AFDC)	\$ _____
11.	<input type="checkbox"/>	<input type="checkbox"/>	I am entitled to receive child support payments.	\$ _____
	<input type="checkbox"/>	<input type="checkbox"/>	I am currently receiving child support payments. If yes, from how many persons do you receive support? _____	\$ _____
	<input type="checkbox"/>	<input type="checkbox"/>	I am currently making efforts to collect child support owed to me. List efforts being made to collect child support: _____ _____	
12.	<input type="checkbox"/>	<input type="checkbox"/>	I receive alimony/spousal support payments	\$ _____
13.	<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, or lottery winnings. If yes, list sources: 1) _____	\$ _____ \$ _____
14.	<input type="checkbox"/>	<input type="checkbox"/>	I receive income from real or personal property.	(use <u>net</u> earned income) \$ _____
15.	<input type="checkbox"/>	<input type="checkbox"/>	Student financial aid (public or private, not including student loans) Subtract cost of tuition from Aid received *For Households receiving Section 8 Assistance Only	\$ _____

ASSET INFORMATION

	YES	NO		INTEREST RATE	CASH VALUE
16.	<input type="checkbox"/>	<input type="checkbox"/>	I have a checking account(s). If yes, list bank(s) 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____

17.	<input type="checkbox"/>	<input type="checkbox"/>	I have a savings account(s) If yes, list bank(s) 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
18.	<input type="checkbox"/>	<input type="checkbox"/>	I have an EBT, Debit Visa, MasterCard account(s). (Including Social Security wages, Unemployment, Public Assistance, Disability, Etc...) If yes, list sources(s) of income being received/type of account(s) 1) _____ 2) _____ 3) _____		\$ _____ \$ _____ \$ _____
19.	<input type="checkbox"/>	<input type="checkbox"/>	I have a revocable trust(s) If yes, list bank(s) 1) _____	_____%	\$ _____
20.	<input type="checkbox"/>	<input type="checkbox"/>	I own real estate. If yes, provide description: _____		\$ _____
21.	<input type="checkbox"/>	<input type="checkbox"/>	I own stocks, bonds, or Treasury Bills If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
22.	<input type="checkbox"/>	<input type="checkbox"/>	I have Certificates of Deposit (CD) or Money Market Account(s). If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
23.	<input type="checkbox"/>	<input type="checkbox"/>	I have an IRA/Lump Sum Pension/Keogh Account/401K. If yes, list bank(s) 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
24.	<input type="checkbox"/>	<input type="checkbox"/>	I have a whole life insurance policy. If yes, how many policies _____		\$ _____
25.	<input type="checkbox"/>	<input type="checkbox"/>	I have cash on hand.		\$ _____
26.	<input type="checkbox"/>	<input type="checkbox"/>	I have disposed of assets (i.e. gave away money/assets) for less than the fair market value in the past 2 years. If yes, list items and date disposed: 1) _____ 2) _____		\$ _____ \$ _____

STUDENT STATUS

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Does the household consist of all persons who are <u>full-time</u> students (Examples: K-12, College, Trade School, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Does the household consist of all persons who have been a <u>full-time</u> student 5 months in the current calendar year?
<input type="checkbox"/>	<input type="checkbox"/>	Does your household anticipate becoming an all full-time student household in the next 12 months?
<input type="checkbox"/>	<input type="checkbox"/>	If you answered yes to any of the previous three questions are you:
<input type="checkbox"/>	<input type="checkbox"/>	• Receiving assistance under Title IV of the Social Security Act (AFDC/TANF/Cal Works - not SSA/SSI)
<input type="checkbox"/>	<input type="checkbox"/>	• Enrolled in a job training program receiving assistance through the Job Training Participation Act (JTPA) or other similar program
<input type="checkbox"/>	<input type="checkbox"/>	• Married and filing (or are entitled to file) a joint tax return
<input type="checkbox"/>	<input type="checkbox"/>	• Single parent with a dependant child or children and neither you nor your child(ren) are dependent of another individual
<input type="checkbox"/>	<input type="checkbox"/>	• Previously enrolled in the Foster Care program (currently age 18-24)

UNDER PENALTIES OF PERJURY, I CERTIFY THAT THE INFORMATION PRESENTED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY/OUR KNOWLEDGE. THE UNDERSIGNED FURTHER UNDERSTANDS THAT PROVIDING FALSE REPRESENTATIONS HEREIN CONSTITUTES AN ACT OF FRAUD. FALSE, MISLEADING OR INCOMPLETE INFORMATION WILL RESULT IN THE DENIAL OF APPLICATION OR TERMINATION OF THE LEASE AGREEMENT.

PRINTED NAME OF APPLICANT/TENANT _____

SIGNATURE OF APPLICANT/TENANT _____

DATE _____

WITNESSED BY (SIGNATURE OF OWNER/REPRESENTATIVE) _____

DATE _____

UNDER \$5,000 ASSET CERTIFICATION

For households whose combined net assets do not exceed \$4999.99.

Complete one form for households with joint assets or one form per person with separate assets. If a household contains both joint and separate assets, use separate forms and list the joint asset on both forms with the statement (**Joint**) next to the applicable asset.

Household Name: _____ Unit No. _____

Development Name: _____ City: _____

Complete the following:

1. Choose one:

I/we do not have any assets at this time. *(if this box is checked, draw a line through the asset information below, place a zero in #3, sign and date)*

OR

My/our assets include:

(Please complete fully. Put a zero in any columns that do not apply)

(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income	Source	(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income	Source
\$ _____	_____	\$ _____	Savings Account	\$ _____	_____	\$ _____	Checking Account
\$ _____	_____	\$ _____	Cash on Hand	\$ _____	_____	\$ _____	Safety Deposit Box
\$ _____	_____	\$ _____	EBT/Debit Visa or MC	\$ _____	_____	\$ _____	Certificates of Deposit
\$ _____	_____	\$ _____	Stocks	\$ _____	_____	\$ _____	Money market funds
\$ _____	_____	\$ _____	IRA Accounts	\$ _____	_____	\$ _____	Bonds
\$ _____	_____	\$ _____	Keogh Accounts	\$ _____	_____	\$ _____	401K Accounts
\$ _____	_____	\$ _____	Equity in real estate	\$ _____	_____	\$ _____	Trust Funds
\$ _____	_____	\$ _____	Lump Sum Receipts	\$ _____	_____	\$ _____	Capital investments
\$ _____	_____	\$ _____	Life Insurance Policies (excluding Term)				
\$ _____	_____	\$ _____	Other Retirement/Pension Funds not named above:				_____
\$ _____	_____	\$ _____	Personal property held as an investment** :				_____
\$ _____	_____	\$ _____	Other (list): _____				_____

PLEASE NOTE: Certain funds (e.g., Retirement, Pension, Trust) may or may not be (fully) accessible to you. Include only those amounts which are.

*Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

**Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not necessarily limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.

2. Choose one:

I/we have not sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.

OR

Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below their fair market value (FMV). Those amounts* are included above and are equal to a total of: \$ _____ (*the difference between FMV and the amount received, for each asset on which this occurred).

3. Please complete:

The net family assets (as defined in 24 CFR 813.102) above do not exceed \$5,000 and the total annual income (add all annual income columns) from the net family assets is \$ _____ . This amount is included in total gross annual income.

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Applicant/Tenant

Date

Applicant/Tenant

Date

Applicant/Resident Name _____

Development Name _____

Unit Number/Identification _____

Child support and/or spousal support payments that are received shall be included as income whether or not there is yet a court order awarding payment.

Child/Spousal support amounts awarded by the courts but not received can be excluded only when the applicant/resident certifies that payments are not being made and further documents that all reasonable legal actions to collect amounts due, including filing with the appropriate courts or agencies responsible for enforcing payment, have been taken.

As part of the qualification process required by federal and/or state housing programs with jurisdiction over this development the following information is needed:

A. Do you receive child support and/or spousal support?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Go to B	Go to C.1
B. I receive:		
1. Payment amount	\$ _____	
2. Frequency	_____	
3. Name(s) of Recipient(s)	_____	

4. Name of source	_____	
	<i>Complete multiple affidavit forms if there are multiple sources.</i>	
5. Go to C.1		
C. 1. Have you been awarded child or spousal support by court order?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Go to C.2	Sign Form
2. Provide copy of entire document, enter amount of award		
\$ _____, and frequency _____; go to C.3.		
3. Is payment being received as awarded?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Go to 3.a	Go to 3.b
a. Indicate the manner by which payment is received and sign form.		
i. _____ Enforcement agency	<i>Name agency</i>	_____
	<i>and provide agency print out</i>	
ii. _____ Court of Law	<i>Name court</i>	_____
iii. _____ Direct from responsible party	<i>Name source</i>	_____
	<i>and provide affidavit or statement from the source.</i>	
iv. _____ Other (<i>Explain</i>)	_____	
b. If payment not received or if amount received is less than amount awarded provide details and documentation of collection efforts.		

Under penalty of perjury, I certify that the information presented in this affidavit is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.		
Applicant/Resident Signature	_____	Date



TENANT/APPLICANT RELEASE & CONSENT
 (Must include all household members 18 years and older.)

I/We _____, the undersigned, hereby authorize
 _____, to release, without liability, all information
 (employer or other source)
 needed to: _____, for purposes of verifying information
 (owner or agent)
 provided as part of my/our apartment rental application.

INFORMATION COVERED: I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: immigration status; personal identity; employment, income and assets; rental history, criminal history, and medical or child care information. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED: The groups or individuals that may be asked to release the above information include, but are not limited to:

- | | | |
|--|--------------------------------|--------------------------------------|
| Past & Present Employers | Welfare Agencies | Veterans Administration |
| Previous Landlords (including Public Housing Agencies) | State Unemployment Agencies | Retirement Systems |
| Support & Alimony Providers | Social Security Administration | Banks & Other Financial Institutions |
| Law Enforcement Agencies | Medical & Child Care Providers | Dept. of Homeland Security |
| Credit Reporting Agencies | Court Records | Immigration & Naturalization Service |

CONDITIONS: I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/we have a right to review this file and correct any information that I/we can prove is incorrect.

SIGNATURES:

_____ Head of Household	_____ (Print Name)	_____ Social Security #	_____ Date
_____ Spouse	_____ (Print Name)	_____ Social Security #	_____ Date
_____ Adult Member	_____ (Print Name)	_____ Social Security #	_____ Date
_____ Adult Member	_____ (Print Name)	_____ Social Security #	_____ Date

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

See Back for Additional Signatures

ADDITIONAL SIGNATURES: