



# APPLICATION FOR HOUSING

HUD, HFA, USDA with Section 8, Tax Credit with Section 8  
\_\_\_\_\_ Apartments



**PLEASE READ THE APPLICATION AND ALL ATTACHMENTS CAREFULLY.**

Include an answer for all questions, or indicate that the question is not applicable. Application information must be complete. If not complete, it will be returned to the applicant. **It is your responsibility** to contact this office every six months to advise us of any changes in your circumstances: address, phone, income, number of household members, etc. to maintain your position on the waiting list. A non-refundable application fee in the amount of \$ N/A must be included with each application.

How did you hear about our Apartment Community: \_\_\_\_\_

<b>OFFICE USE ONLY</b>
APPLICATION # _____
DATE REC'D _____
TIME REC'D _____
Management Signature _____

**DISCRIMINATION:** By Federal and State law, it is illegal to discriminate against applicants or residents on the basis of their Age, Disability, Familial Status, Color, National Origin, Race, Religion and Gender. Marital Status and Sexual Orientation is for the State of California only. In addition, the owners of this apartment community have a legal obligation to provide "reasonable accommodation" to applicants and residents if they or any member of their household have a qualified disability or handicap and request reasonable accommodation.

You must use the **CORRECT LEGAL NAME** for each member of your household as it appears on his/her Social Security card(s). A separate application is required from each applicant 18 years of age or older. Please print neatly.

**PERSONAL INFORMATION:** Please list **ALL** people who will live with you.

ADULTS NAME AS IT APPEARS ON SOCIAL SECURITY CARD	RELATIONSHIP TO APPLICANT	SEX	DATE OF BIRTH	SOCIAL SECURITY OR ALIEN REGISTRATION NUMBER	DRIVER'S LICENSE / PHOTO ID NUMBER	STUDENT 18 YEARS OR OLDER YES / NO
	<b>SELF</b>					

MINORS NAME AS IT APPEARS ON SOCIAL SECURITY CARD	RELATIONSHIP TO APPLICANT	SEX	DATE OF BIRTH	SOCIAL SECURITY OR ALIEN REGISTRATION NUMBER	UNITED STATES CITIZEN OR A LEGAL OR QUALIFIED ALIEN?
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO

<b>CITIZENSHIP/IMMIGRATION STATUS:</b> Are YOU a United States Citizen or a legal or qualified Alien? <input type="checkbox"/> yes <input type="checkbox"/> No	<b>APARTMENT SIZE REQUESTED</b> Please circle    1    2    3    4
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**HOUSING HISTORY:** Communication during the application process will be directed to this address and phone number.

<b>Current Address</b>		City/State/Zip	
Mailing Address		City/State/Zip	
Home Phone	Message Phone	e-mail	
Occupied From /To	/	Amount Of Rent Paid \$	
Reason For Leaving			
Landlord's Name		Phone	
Complete Address			

**List rental history for a minimum of 3 years. Please use an additional sheet of paper if necessary.**

<b>Previous Address 1</b>		City/State/Zip	
Occupied From /To	/	Amount Of Rent Paid \$	
Reason For Leaving			
Landlord's Name		Phone	
Complete Address			

<b>Previous Address 2</b>		City/State/Zip	
Occupied From /To	/	Amount Of Rent Paid \$	
Reason For Leaving			
Landlord's Name		Phone	
Complete Address			

<b>Previous Address 3</b>		City/State/Zip	
Occupied From /To	/	Amount Of Rent Paid \$	
Reason For Leaving			
Landlord's Name		Phone	
Complete Address			

<b>Previous Address 4</b>		City/State/Zip	
Occupied From /To	/	Amount Of Rent Paid \$	
Reason For Leaving			
Landlord's Name		Phone	
Complete Address			

Applicant Name: \_\_\_\_\_

**REFERENCES:** Employer, supervisor, social worker, teacher, religious clergy, or other business associate.

*NOTE: FRIENDS AND RELATIVES CANNOT BE USED AS REFERENCES.*

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

**CURRENT EMPLOYER(S):**

EMPLOYER	ADDRESS	TELEPHONE	FAX

**PREVIOUS EMPLOYER(S):**

EMPLOYER	ADDRESS	TELEPHONE	DATES EMPLOYED

<b>INCOME:</b> Do you or any member of your household have income from:		GROSS WEEKLY	GROSS MONTHLY
<input type="checkbox"/> Yes <input type="checkbox"/> No	Employment full time / part time / seasonal / temporary		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Cash Wages / Tips, etc.		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Military Pay		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Net Income from Business (Self employment)		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Unemployment		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Workers Compensation		
<input type="checkbox"/> Yes <input type="checkbox"/> No	TANF (AFDC) / ATAP / APA		
<input type="checkbox"/> Yes <input type="checkbox"/> No	General Relief		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Child Support (or entitled to receive child support)		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Alimony (or entitled to receive alimony)		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Disability Benefits		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security Benefits for Minors		
<input type="checkbox"/> Yes <input type="checkbox"/> No	SSI		
<input type="checkbox"/> Yes <input type="checkbox"/> No	VA Pension		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Pension / Longevity		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Annuity (If yes do you have access during the year)		
<input type="checkbox"/> Yes <input type="checkbox"/> No	PFD (Alaska)		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Work Study Program		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Scholarships / Grants / VA Benefits / Student Loans / Assistance		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Recurring gifts / Rent / Utilities / Payments made on your behalf		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Financial assistance or monetary gifts from <b>any</b> source outside of the household		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Lump Sum Payments		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other: Describe		

<b>ASSETS:</b> Do you or any member of your household have		APPROXIMATE CASH VALUE	INCOME FROM ASSET
<input type="checkbox"/> Yes <input type="checkbox"/> No	Cash Held (Cash on hand, Safety Deposit Box, etc.)		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Checking Accts		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Savings Accts.		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Stocks/Bonds		
<input type="checkbox"/> Yes <input type="checkbox"/> No	T-Bills / CD's / Mutual Funds		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Money Market Funds		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Trusts		
<input type="checkbox"/> Yes <input type="checkbox"/> No	IRA / Keogh / 401K		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Whole Life Insurance (surrender value)		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Annuity (If yes do you have access during the during the year)		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Real Estate		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Equity in Rental Property		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Investments (Personal Property)		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Assets that have been sold or disposed of in the last 2 years for less than fair market value		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other: Describe		

**BANKING/FINANCIAL INSTITUTION INFORMATION:**

**COPIES OF SIX MONTHS OF BANK STATEMENTS ARE REQUIRED PRIOR TO MOVE-IN AND ANNUALLY THEREAFTER**

1. Bank Name	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other
Address	<b>Acct. #</b>
2. Bank Name	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other
Address	<b>Acct. #</b>
3. Bank Name	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other
Address	<b>Acct. #</b>

**ALLOWANCES AND DEDUCTIONS:**

<b>CHILDCARE EXPENSE:</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have childcare expenses for a child age 12 or under, to enable you to work or attend school? If yes: Monthly Expense: \$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are any of these expenses reimbursed by an outside agency?

<b>DISABILITY ALLOWANCE AND EXPENSE:</b> A verified disability may qualify the household for additional allowances, a priority, and/or an apartment with accessible features.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Would you like to request an additional allowance as an elderly or disabled household?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Would you like to request an apartment with accessible features?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you pay for a care attendant for a disabled household member? If yes: Monthly Expense: \$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are any of these expenses reimbursed by an outside agency?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does this allow a household member to work? If so, who?

<b>MEDICAL EXPENSE:</b> Only Households where HEAD or COHEAD is age 62 years or older or DISABLED may qualify for this allowance. Projected Medical Expenses include those not reimbursed by insurance or any other source during the next twelve months?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have Medicare? If yes, approximate monthly expense:	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have Medicare Prescription Drug Card/Transitional Assistance? If yes, approximate monthly expense:	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have Medical Expenses? If yes, approximate monthly expense:	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have Prescriptions? If yes, approximate monthly expense:	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have Medical Insurance? If yes, approximate monthly premium expense:	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have Long Term Care Insurance? If yes, approximate monthly premium expense:	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you incurred a substantial one-time medical expense within the last 12 months?	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other: Describe	\$

**CRIMINAL & SEX OFFENDER BACKGROUND INFORMATION:**

*Federal Law requires us to get drug and criminal background and sex offender registration information about all adult household members applying for assisted housing. To enable us to do this, all household members age 18 or older must answer the questions below, and then sign to consent to a background check. The questions ask about drug related or other criminal activity that could adversely affect the health and safety of other residents. Management will deny any applicant that does not provide complete and accurate information or who does not consent to a background check.*

<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you or any member of your household been convicted of a crime, other than traffic violations? If yes, please explain and include the year and nature of the offense?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been convicted of fraud or dishonesty?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted as a sex offender in any state and/or are you compelled to register as a Lifetime state sex offender?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you currently use illegal drugs, abuse alcohol or engage in illegal use of a controlled substance?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been convicted of a felony within the past 5 years?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been convicted of any drug related crime within the past 5 years?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been convicted of any crime involving violence?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently charged with any of the above criminal activities?

**GENERAL INFORMATION:**

<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Are you currently participating in a Federal Housing Program? If yes, where?
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Has any household member's assistance been terminated for fraud, or failure to cooperate with the recertification process?
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Has any household member ever committed any Fraud in a federally assisted housing program or been required to repay money for knowingly misrepresenting information for such a program?
<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Have you had additional addresses not listed, or have you ever applied for housing under a different name?
<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Have you or has any other adult member of your household ever used any names(s) other than the names listed on this application?
<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Have you or has any other adult member of your household ever used any social security number(s) other than the social security number(s) listed on this application?
<input type="checkbox"/> Yes <input type="checkbox"/> No	7. Are you related to any of the landlords you have listed? If yes, please state your relationship after the landlord's name?
<input type="checkbox"/> Yes <input type="checkbox"/> No	8. Does anyone plan to live with you in the future who are not listed in Personal Information?
<input type="checkbox"/> Yes <input type="checkbox"/> No	9. Do you anticipate <b>ANY</b> change in your household size for any reason within the next 12 months?
<input type="checkbox"/> Yes <input type="checkbox"/> No	10. Are you being, or have you ever been evicted?
<input type="checkbox"/> Yes <input type="checkbox"/> No	11. Can you or any member of your household be claimed as a dependent on the income tax return of someone outside the household?
<input type="checkbox"/> Yes <input type="checkbox"/> No	12. Do you have pets? If yes, how many and what kind? Would you be willing to give up the pet if required in order to receive housing?
<input type="checkbox"/> Yes <input type="checkbox"/> No	13. Are you a student who has established a household separate and apart from your parents or legal guardians for at least one year prior to the date of this application?
<input type="checkbox"/> Yes <input type="checkbox"/> No	14. Are you a victim of Domestic Violence, Dating Violence or Stalking?
<input type="checkbox"/> Yes <input type="checkbox"/> No	15. Are you a victim of a natural disaster?

**NOTE: If you answer yes to any questions 1 – 12 above, please explain below. Please attach an additional sheet of paper if necessary.**


Applicant Name: \_\_\_\_\_

**PERSON(S) TO NOTIFY IN CASE OF EMERGENCY:** Parent, guardian, sibling or other person that can act on your behalf.

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

**VEHICLES:**

Make/Model	Year	Color	License	State
1.				
2.				
3.				
Other:				

**NOTICE OF RIGHT TO REASONABLE ACCOMMODATION** If you have a disability and you need:

- a change in the rules or policies or how we do things that would make it easier for you to receive rental assistance, and live or use our facilities, or take part in programs on site;
- a repair or change in your apartment or special type of apartment that would make it easier for you to live here and use the facilities or take part in our programs on site;
- a repair or change to some other part of the housing site that would make it easier for you to live here and use the facilities or take part in our programs on site; or
- a change in the way we communicate with you or give you information, for example appropriate auxiliary aids, Telecommunications Devices for the Deaf-TDD, qualified sign language interpreters for persons with speech or hearing impairments, or alternate format for vision impairment.

You can ask for this change, which is called a **“REASONABLE ACCOMMODATION.”** You may get a **REASONABLE ACCOMMODATION REQUEST FORM** from the Rental Office or by contacting the ADA Coordinator Gary Haugstad at FPI Management, Inc, 800 Iron Point Road, Folsom, CA 95630. If you need help in filling out a **REASONABLE ACCOMMODATION REQUEST FORM**, or if you want to give us your request in some other way, we will help you.

**FAIR CREDIT REPORTING ACT:** In compliance with the Fair Credit Reporting Act, we are informing you that information regarding your character, general reputation and mode of living will be verified. A Credit Report, housing history and criminal background check will be obtained for all applicants. Applicants will be denied housing and/or assistance if they fail to pass screening criteria.

**PENALTIES FOR SUBMITTING FALSE INFORMATION:** If the applicant deliberately submits false information regarding income, family composition or other data, Management may reject this application. Furthermore if this false information is discovered after the applicant takes occupancy it will be material noncompliance of the lease and is subject to termination of tenancy. In addition, the applicant/resident could become subject to penalties available under Federal law. Those penalties include fines up to \$10,000 and imprisonment for up to five years.

**APPLICANT CERTIFICATION:** I certify that if selected to receive assistance, the apartment I occupy will be my only residence. I understand that the information requested herein is being collected to determine my eligibility. I authorize the management representative to verify all information provided on this application and to contact previous or current landlords, other sources of credit, obtain previous unlawful detainer information and criminal background records and to verify information which may be released to appropriate Federal, State or local agencies. The information obtained will be used for management purposes only and will be held in confidence. **Any misrepresentation will disqualify the applicant.**

**I CERTIFY THAT THE STATEMENTS MADE ON THIS APPLICATION ARE COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

\_\_\_\_\_ *APPLICANT SIGNATURE* \_\_\_\_\_ *DATE*

**THIS APPLICATION IS SUBJECT TO APPROVAL AND DOES NOT CONSTITUTE AGREEMENT TO LEASE. ALL INFORMATION MUST BE VERIFIED BEFORE THIS APPLICATION CAN BE PROCESSED.**

**APPLICANT CENSUS INFORMATION - OPTIONAL**

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service/HUD that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

- |   |   |
|---|---|
| <p><b>Ethnicity of Applicant</b></p> <p><input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> Not-Hispanic or Latino</p> <p><b>Sex of Applicant (Head of Household)</b></p> <p><input type="checkbox"/> male</p> <p><input type="checkbox"/> female</p> | <p><b>Race/National Origin of Applicant (mark one or more)</b></p> <p><input type="checkbox"/> Native Hawaiian or Pacific Islander</p> <p><input type="checkbox"/> American Indian or Alaska native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> White</p> |
|---|---|