

123 Rico Street
 Salinas, CA 93907
 Phone: (831)-775-5000 Fax (831)754-8928



Castroville FLC, LP
RENTAL HOUSING APPLICATION

Applicant

		M / F		
Name	Sex	Date of Birth	Soc Sec No.	
Address		City	State	Zip
Mailing Address		City	State	Zip
Phone # _____		Message Phone _____		
Email: _____				
Driver's Lic. # _____	State _____	Full-Time Student? ____yes ____no		

Co-Applicant or Other Adult Household Member

		M / F		
Name	Sex	Date of Birth	Soc Sec No.	
Address		City	State	Zip
Mailing Address		City	State	Zip
Phone # _____		Message Phone _____		
Driver's Lic. # _____	State _____	Full-Time Student? ____Yes ____No		

List ALL Other persons who will live in the Apartment with the Applicant and Co-Applicant

Name	Soc.Sec. #	Birthdate	Sex	Student?	Relationship
1. _____					
2. _____					
3. _____					
4. _____					
5. _____					
6. _____					



BEDROOM SIZE REQUESTED: (circle one)

2 BDRM 3 BDRM 4 BDRM

Do you currently have a Section 8 Voucher? ____ Yes ____ No If Yes, for how many bedrooms? _____

GENERAL INFORMATION

Are you or any Household Members currently Homeless? ____ Yes ____ No

Do any applicants/household members smoke? ____ Yes ____ No

SMOKING IS NOT ALLOWED IN OUR APARTMENTS

How did you hear about this housing? _____

Do you or any Household members require an apartment with accessible features? ____ Yes ____ No

If Yes, what features needed: _____

AUTOMOBILES

Do you or anyone in your household own, lease or have regular access to a vehicle? ____ Yes ____ No

If yes, please list below:

Make _____ Color _____ Year _____ License Plate # _____

Make _____ Color _____ Year _____ License Plate # _____

HOUSEHOLD FINANCIAL OBLIGATIONS: Include ALL medical expenses, car payments, child support, loans, etc.

PAYABLE TO: (company name)

MONTHLY PAYMENT

_____/ \$ _____

_____/ \$ _____

_____/ \$ _____

_____/ \$ _____

HOUSING HISTORY

Check what best describes your current living situation:

- ____ Renting
- ____ Temporarily living with others
- ____ Without housing
- ____ Other, Explain _____
- ____ Own a home or a mobile home
- ____ Living in substandard housing
- ____ Paying more than 50% of income for rent & utilities

Current Address: _____

Current rent \$ _____ per month Utilities cost \$ _____ per month Move-in Date: _____

Current Landlords Name: _____ Phone No. _____

Landlord's Address: _____

Are you being evicted? ____ Yes ____ No If yes, explain _____

Have you anyone in your household ever been evicted from any housing? ____ Yes ____ No If Yes, please explain:

When: _____ Where: _____

Reason: _____

THIS SECTION MUST BE FILLED OUT COMPLETELY AND CORRECTLY
YOU MUST PROVIDE A MINIMUM OF TWO (2) YEARS HOUSING HISTORY

Your previous address: _____

City: _____ State _____ Zip _____

Landlord's name: _____ Phone No. _____

Landlord's address: _____

City: _____ State _____ Zip _____

Date moved in: _____ Date moved out: _____ Rent Amount \$ _____

Reason for moving: _____

Your previous address: _____

City: _____ State _____ Zip _____

Landlord's name: _____ Phone No. _____

Landlord's address: _____

City: _____ State _____ Zip _____

Date moved in: _____ Date moved out: _____ Rent Amount \$ _____

Reason for moving: _____

Your previous address: _____

City: _____ State _____ Zip _____

Landlord's name: _____ Phone No. _____

Landlord's address: _____

City: _____ State _____ Zip _____

Date moved in: _____ Date moved out: _____ Rent Amount \$ _____

Reason for moving: _____

Your previous address: _____

City: _____ State _____ Zip _____

Landlord's name: _____ Phone No. _____

Landlord's address: _____

City: _____ State _____ Zip _____

Date moved in: _____ Date moved out: _____ Rent Amount \$ _____

Reason for moving: _____

Your previous address: _____

City: _____ State _____ Zip _____

Landlord's name: _____ Phone No. _____

Landlord's address: _____

City: _____ State _____ Zip _____

Date moved in: _____ Date moved out: _____ Rent Amount \$ _____

Reason for moving: _____

INCOME
YOU MUST INCLUDE ALL SOURCES OF INCOME FOR ALL HOUSEHOLD MEMBERS

<u>Household Member Name</u>	<u>Name, Address and Phone # of Employer</u>	<u>Wages/Income Per Month</u>
	Date First Employed:	\$
	Date First Employed:	\$
	Date First Employed:	\$
	Date First Employed:	\$
	<u>Unemployment</u>	\$
	<u>Cash Aid/TANF</u>	\$
	<u>Child Support</u>	\$
	<u>Alimony</u>	\$
	<u>Social Security</u>	\$
	<u>Social Security</u>	\$
	<u>SSI</u>	\$
	<u>SSI</u>	\$
	<u>Pension</u>	\$
	<u>V.A. Benefits</u>	\$
	<u>Disability</u>	\$
	<u>Workers Compensation</u>	\$
	<u>Self Employment</u>	\$
	<u>Financial Aid</u>	\$
	<u>Other income</u> _____	\$
	<u>Other income</u> _____	\$

Do you or any household member work in agriculture/farmwork or retired/disabled from ag work? Yes ___ No ___

If Yes, please designate the household member who is a farmworker: _____

Do you anticipate any changes in this income in the next 12 months? Yes ___ No ___ If YES, explain: _____

ASSETS

YOU MUST INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS

Please mark every question with YES or NO. If any questions are marked with a YES, complete the blanks to the right.

<u>Asset Source:</u>	<u>Yes</u>	<u>No</u>	
Checking Account?			Name of Bank _____ Balance: \$ _____
			Name of Bank _____ Balance: \$ _____
			Name of Bank _____ Balance: \$ _____
			Name of Bank _____ Balance: \$ _____
Saving/Holiday Account?			Name of Bank _____ Balance: \$ _____
			Name of Bank _____ Balance: \$ _____
Certificate of Deposit?			Name of Bank _____ Balance: \$ _____
Cash on Hand?			Amount \$ _____
Prepaid Debit Card?			Name of Bank _____ Balance: \$ _____
Stocks, Bonds or Annuities?			Cash Value \$ _____
Money Market/Mutual Funds?			Cash Value \$ _____
IRA, 401K, Keogh Account?			Cash Value \$ _____
Treasury Bills?			Cash Value \$ _____
Safety Deposit Box?			Cash Value of what is held in box \$ _____
Any Personal Property held as an Investment?			Cash Value \$ _____
Do you Own a Home, Rental Property or Other Capital Investment?			Cash Value \$ _____ (Market Value less unpaid balance and selling costs)
Life Insurance Policies?			Cash Value \$ _____
Do you receive regular or periodic payments from persons not living with you (such as trust, annuity or other claims)?			Payment Amount \$ _____ Frequency of payments (Monthly, weekly, annually) _____ Provider _____
Have you Sold or Given Away, or otherwise Transferred Ownership of Assets within the last two (2) years?			List Item and Date _____ _____
Are there minor children in the household that have any assets (Savings Account, Certificate of Deposit, Savings Bonds)?			Type of Asset _____ Cash Value \$ _____ Where held (Bank, etc.) _____

EMERGENCY CONTACT Name

Phone #

Relationship

Address

PERSONAL REFERENCE Name

Phone #

Relationship

Address

It is the Applicant's responsibility to keep the Management notified of any changes in the application. This includes a change in household size, current address, phone number(s), income or assets, etc.

CERTIFICATION

1. I/we certify that if selected to move into this project, the unit will be my/our primary residence.
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 this housing application.
4. I/we understand written notification of any changes to the information on this application including address and telephone number is required.
I/we understand that the above information is being collected to determine my/our eligibility for an apartment.
5. I/we authorize the owner to verify all information provided on this application and to contact current or previous landlords, employers, or other sources for credit and verification information which may be released by appropriate federal, state, local agencies, or private persons to the owner/management.
6. I/we certify/agree to allow management to perform a consumer credit check and criminal background check including sex offender registry on all adult household members at the initial screening interview. I/we agree to pay a processing fee of \$44.00 per adult household member at the initial screening interview.
7. I/we understand that housing is subject to availability.

ALL ADULT household members must sign below:

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

PLEASE RETURN COMPLETED APPLICATION TO:

Housing Authority of the County of Monterey

123 Rico Street, Salinas, CA 93907 Fax: 831-754-8928 TDD:831-754-2951

It is our policy to provide reasonable accommodations to persons with disabilities so that they can participate equally in its housing programs. Please mail written requests for reasonable accommodations to Attn: Socorro Vasquez 123 Rico Street, Salinas, CA 93907 or contact the office at: 831-775-5046.

“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 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>Ethnicity:</p> <p><input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> Not Hispanic or Latino</p>	<p>Race: (Mark one or more)</p> <p><input type="checkbox"/> 1 American Indian/Alaska Native</p> <p><input type="checkbox"/> 2 Asian</p> <p><input type="checkbox"/> 3 Black or African American</p> <p><input type="checkbox"/> 4 Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> 5 White</p>	<p>Gender:</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p>
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