

RENTAL APPLICATION

Property Name Margaret McDowell Manor
 Address 1525 Merkley
 City/State/Zip West Sacramento , Ca 95691
 Phone 916-371-7788
 How did you hear about us? _____

For Office Use Only	
Date Received	_____
Time Received	_____
Received By	_____
Apt. Size Requested	<input type="checkbox"/> 0 BR <input type="checkbox"/> 1 BR <input type="checkbox"/> 2 BR

HOUSEHOLD SUMMARY INFORMATION

List each household member applying to reside in the apartment.

M E M B E R	First Name	MI	Last Name	Social Security Number	Date of Birth	Relationship to Head of Household	Student *	Sex *
1						Head of Household		
2								
3								
4								

**Student – enrolled as a Full time or Part time student at an institute of higher education? – Answer “Yes” or “No”*

**Sex – Answer one of the following indicating - “M”– Male, “F”– Female, “O” – Other, or “ND” – Not Disclosed.*

Are there any unborn, adopted or foster children you are in the process of adding to your household within the next year? Yes No

GENERAL HOUSEHOLD INFORMATION

Current Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Cell Phone _____ N/A
 Email _____ N/A

Preferred Language _____

Do you have pets? Yes No

Do you have an Assistance Animal or Emotional Support Animal? Yes No

Are you temporarily displaced due to a disaster? Yes No

Are you homeless or lacking a fixed nighttime residence? Yes No

Does any household member require the features of an accessible unit due to a disability? Yes No

Accessibility features may include: Roll in shower, roll under sinks, wider doorways, wheelchair turnaround in the kitchen and bathroom, lowered light switches and/or peephole, accessible appliance controls, strobe lights on the doorbell and/or smoke alarm.

RENTAL HISTORY

Applicant's name must have been on the lease/mortgage for any reference to be valid. Lack of rental history will not be considered a negative factor. A minimum of 3 years rental history and landlord references must be provided.

Did you reside in the Vacation Inn on 12/15/1990? Yes No

Current Landlord/Lender Name: _____ Charges paid per month \$ _____

Apartment Community Name (If applicable) _____

Street Address/City/State/Zip _____

Landlord/Lender Address if different: _____

Phone Number _____ Move in Date _____

Do you live in subsidized housing? Yes No If Yes, are you currently receiving assistance? Yes No
If Yes, what program? _____

Previous Landlord/Lender Name: _____ Charges paid per month \$ _____

Apartment Community Name (If applicable) _____ Move in Date _____

Street Address/City/State/Zip _____

Landlord/Lender Address if different: _____

Phone Number _____ Move out Date _____

List additional information on a separate sheet of paper.

MEMBER INFORMATION – MEMBER 1 (Head of Household)

Name _____ Date of Birth _____ Social Security # _____

Check here if you do not have a social security number, and were 62 or older as of January 31, 2010, and were receiving subsidy at another location as of January 31, 2010.

Are you a U.S. Military Veteran? Yes No

Race* (Choose all that apply)

American Indian Alaska Native Asian African American Native Hawaiian Pacific Islander White Other

Ethnicity*

Hispanic or Latino Not Hispanic or Latino

**This information is gathered for statistical purposes only.*

A Public Records search will be conducted on each adult occupant.

List all states where you have ever lived (regardless of duration) _____

Are you subject to a state sex offender lifetime registration requirement? Yes No

If yes, where? _____

Do you have any felonies or misdemeanors involving the following? (If yes, identify the year the incident occurred.)

Sexual Misconduct Yes No Year _____

Are you currently engaged in illegal drug use? Yes No

Illegal possession, manufacture, sale and/or distribution of a controlled substance? Yes No Year _____

Physical crime against a person or persons and/or another person's property? Yes No Year _____

Have you been evicted from Federally Assisted Housing in the last 3 years for drug-related criminal activity?

Yes No

Credit information on each applicant will be obtained through one or more Consumer Reporting Agencies.

Lack of credit history will not be considered a negative factor.

Have you ever filed bankruptcy? Yes No If Yes, please provide Court and Case Number _____

MEMBER INFORMATION # _____

Name _____ Date of Birth _____ Social Security # _____

Check here if you do not have a social security number, and were 62 or older as of January 31, 2010, and were receiving subsidy at another location as of January 31, 2010.

Are you a U.S. Military Veteran? Yes No

Race* (Choose all that apply)

- American Indian Alaska Native Asian African American Native Hawaiian Pacific Islander White Other

Ethnicity*

- Hispanic or Latino Not Hispanic or Latino

***This information is gathered for statistical purposes only.**

Are you 18 years of age or older? Yes No (If No, go to next section)

A Public Records search will be conducted on each adult occupant.

List all states where you have ever lived (regardless of duration) _____

Are you subject to a state sex offender lifetime registration requirement? Yes No

If yes, where? _____

Do you have any felonies or misdemeanors involving the following? (If yes, identify the year the incident occurred.)

Sexual Misconduct Yes No Year _____

Are you currently engaged in illegal drug use? Yes No

Illegal possession, manufacture, sale and/or distribution of a controlled substance? Yes No
Year _____

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Have you been evicted from Federally Assisted Housing in the last 3 years for drug-related criminal activity?
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INCOME

Income sources. (Indicate gross income before any deductions or garnishments occur.)

Does anyone in your household receive any income from employment? Yes No If Yes, please complete section below.

Member #	Employer	Employer Phone	Start Date	Full/Part Time	Monthly Amount

Does anyone in your household receive any Unemployment Benefits? Yes No If Yes, please complete section below.

Member #	Issuing Agency	Issuing State	Start Date	Monthly Amount

RENTAL APPLICATION

Does anyone in your household receive any of the following benefits? Yes No If Yes, please complete section below.

Member #	Source of income	Monthly Amount
	Social Security	
	Dual Entitlement – Indicate Claim Number _____	
	Federal Supplemental Security Income	
	SSP (State portion of Supplemental Security Income)	
	Long/Short Term Disability	
	Retirement , Pension or Annuity	

Does anyone in your household have any of the following sources of income? Yes No If Yes, please complete section below.

Member #	Source of income	Monthly Amount
	Rental Income	
	Child Support	
	Alimony	
	General Assistance (TANF)	
	Business Income	
	Financial Assistance with any other person helping pay any bills on a regular basis	
	Other – Please Specify :	

ASSETS

Indicate all household members with any of the following. If none, indicate "N/A" in Member #.

Member #		Single or Joint	Balance
	Checking Account(s)		
	Savings Account(s)		

	Certificate(s) of Deposit		
	Money Market Account(s)		
	Retirement Account(s)		
	Mutual Fund(s)		
	Stocks/Bonds		
	Whole Life Insurance		
	EFT, Direct Express or Benefits Debit Cards		
	Cash on Hand		
	Other :		

Do you or any member of your household own real estate (Home, Land, etc.)? Yes No
If yes, estimated value _____

Do you or any member of your household own a collection held as an investment? Yes No
If yes, estimated value _____

Have you or any member of your household disposed of any assets, within the last two years, for less than fair market value? Yes No

If yes, please complete the following:

Date of disposal: _____ Amount received: \$ _____ Estimated fair market value: \$ _____

EXPENSES

Medical/Disability

Is the Head, Spouse, or Co-Head of your household either age 62 or older or disabled? Yes No If Yes, complete the following.

Monthly Medicare Premiums (including Part D): \$ _____ Monthly prescription copay costs: \$ _____

Monthly Medical Insurance costs: \$ _____ Other medical/disability expenses: \$ _____

Within the last 12 months:

Installment payments on Doctor Bills: \$ _____ Hospital installment payments: \$ _____

Childcare

Is the Head, Spouse, or Co-Head of your household paying expenses for the care of a child under the age of 13? Yes No If Yes, complete the following.

Does this care allow the household member to Work Seek Employment, or Further academic or vocational education?

Child's Name: _____ Child's Name: _____

Please complete the HUD 92006 form.

I/We certify the information given in this application is accurate and complete. I/We understand that any inaccuracies provided or information withheld may be the basis for immediate denial of my/our application. I/We, by signature below, authorize the Owner/Agent to request and complete a criminal background check, rental history check, and credit check, through an outside independent background service company and secure a written report of all information pertaining to landlord/rental history, sex offender records, criminal background, credit records, etc. I/We further agree that this application does not constitute any oral and/or written commitment on the part of the Owner/Agent. I/We understand the Owner/Agent will request only that information necessary to determine eligibility or level of assistance.

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 use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited. 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 U.S.C. 408 (a) (6), (7) and (8).

Federal law prohibits the Landlord from discriminating against any applicant because of race, color, sex, familial status, religion, handicap, disability, sexual orientation, gender identity, marital status, or national origin. Additional state protections may apply. Applicants on the waiting list may be contacted by management to ensure continued interest to remain on the waiting list and to update any changes to the original information provided at the time of initial application. **Failure to respond to this inquiry may result in the applicant being removed as "inactive", requiring the applicant household to reapply. All inactive and denied applications will be held for three years as required by federal regulation.**

Questions and inquiries regarding applicant treatment relative to Section 504 of the Rehabilitation Act of 1973 should be addressed by mail to the following person, responsible for related policies:

CCH 504 Coordinator, 303 Hegenberger Road, Suite 201, Oakland, CA 94621, (510) 632-6712, TTY via 711 National Relay.

I/WE CERTIFY ALL INFORMATION SUBMITTED IS TRUE AND ACCURATE TO THE BEST OF MY/OUR KNOWLEDGE.

Signature Member 1: _____

Signature Member 2: _____

Signature Member 3: _____

Signature Member 4: _____

Date: _____

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.