

Security Deposit	\$ _____
Misc. Deposit	\$ _____
Total Deposit Due	\$ _____
Deposit Paid	\$ _____
Balance of Deposit Due	\$ _____

GREY AREA TO BE COMPLETED BY MANAGEMENT
H/H INC. CAT. _____
APPL. REC'D BY _____
TIME OF APPL. _____
APPL. NUMBER _____
DATE OF APPL. _____
LOTTERY NO. _____



APPLICATION FOR HOUSING

DeAnza Gardens Apartments
205 Pueblo Avenue, Box D
Bay Point, CA 94565
925-709-7009

• **Bedroom size unit required?** **1 BR / 2 BR / 3 BR / 4 BR** *(please circle)*

Personal Information

• List all family members who will reside in the apartment (includes foster children or foster adults, live-in attendants and their relationship to the head of household):

#	FULL NAME	RELATIONSHIP	SEX	AGE	BIRTHDATE	SSN
1.		Head of household				
2.		Co-head / Spouse				
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

• HOME TELEPHONE NUMBER: _____ MESSAGE TELEPHONE NUMBER: _____

• EMAIL ADDRESS: _____ ALTERNATE EMAIL: _____

The following information is optional. In order to help us assess Affirmative Fair Housing effectiveness, please indicate your ethnicity:
(Your response is optional and will have NO bearing on your eligibility for this apartment.)

Asian/Pacific Islander___ Hispanic___ Non-Hispanic___ American Indian/Alaskan Native___ Black___ White___
Other___ Married___ Single___ Separated___ Widowed___ Divorced___
Name of absent parent(s) for above listed minor children: _____

Vehicle Information

• Please provide the following information about your vehicle:

#	NAME	CA DRIVER I.D. #	CAR MAKE/MODEL	LICENSE PLATE #	COLOR	YEAR
1.						
2.						
3.						
4.						

Landlord History

- You must also provide the last 5 consecutive years of addresses and landlord history:
(If more space is needed, please use reverse side of this form.)

	CURRENT ADDRESS	PRIOR ADDRESS	PRIOR ADDRESS
STREET			
CITY			
STATE/ZIP			
RENT OR OWN?			
RENT PAYMENTS PAID TO:			
AMT. OF RENT PAYMENTS			
HOW LONG? (mo./yr.)	FROM: TO:	FROM: TO:	FROM: TO:
LANDLORD NAME			
LANDLORD ADDRESS			
MGR'S PHONE #	()	()	()
REASON FOR LEAVING			

- If member of Armed Forces: Branch _____ Pay Grade _____ Salary _____

- Has anyone listed gone by another name or SS# within the past five years? Yes ____ No ____

If yes, please indicate who and different name/SS#: _____

- Nearest Relative: _____ Relationship _____ Telephone () _____

Address _____ City/State/Zip _____ Occupation _____

- Do you know anyone currently residing at the complex: Yes ____ No ____

If yes, provide name, address and phone: _____

- Please check one to indicate your housing situation in the past two years:

- Standard Homeless Protective Shelter
 Substandard Shared Housing Shelter

- Personal References of two people not related to you:

1. Name _____ Address _____ City/State/Zip _____

Day Telephone () _____ Occupation _____ Relationship _____

2. Name _____ Address _____ City/State/Zip _____

Day Telephone () _____ Occupation _____ Relationship _____

Employment

- Please provide the following employment information for each member of the household.

	HOUSEHOLD MEMBER'S NAME	EMPLOYER NAME	EMPLOYER ADDRESS	CITY/STATE/ZIP	PHONE	MONTHLY GROSS SALARY	DATE STARTED
1.							
2.							
3.							
4.							

Other Sources of Income

- List all money earned or received by everyone living in your household. This includes money from Self-Employment, Child Support, Contributions, Social Security, Disability Payments (SSI), Workman's Compensation, Retirement Benefits, AFDC, Veterans Benefits, Alimony, Unemployment, Rental Property Income, Stock Dividends, and all other sources. List amounts received below. If more space is needed, please continue on the reverse side of this sheet.

	NAME	AFDC	CHILD SUPP.	SOC SEC & SSI	UNEMP. BNFTS	VA BNFTS	ALIMNY	SELF EMPLOY.	PNSION/ RETIRE	OTHER INCOME
1.										
2.										
3.										
4.										

- Is any adult member (18 or older) on this list currently a full-time student? Yes _____ No _____
If yes, indicate the relationship to the Head or Co-Head/Spouse _____

School _____ Address _____
Comments _____

Assets: Checking and/or Savings Accounts

- Please provide the following information about checking & saving assets:

	NAME	ACCOUNT #	TYPE	BANK NAME/ADDRESS	CURRENT BALANCE	INTEREST RATE %
1						
2						
3						
4						

Other Assets / Accounts

- Please list any of the following assets that apply to you: Trust, Real Estate, Rental Property, Money Market Fund, Stocks, Bonds, Treasury Bills, Certificate of Deposit, IRA or Keough, Retirement, 401K or Pension Funds, Inheritance, Lottery Winnings, Insurance Settlements, Capital Gains, Capital Investments, or any Personal Property held as an investment. Include all assets that may be held jointly with another person:

	NAME	ASSET/ ACCT. TYPE	NAME/ADDRESS/CITY/ZIP	VALUE/ BALANCE	INTEREST RATE %	INCOME RCV'D/MO
1.						
2.						
3.						

- Are any assets held jointly with another person? Yes _____ No _____
If yes, explain: _____

Lump Sum

- Please list full amount of periodic payments received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of periodic receipts, including lottery payments. List any lump sum payment for the delayed start of a periodic payment except delays in processing unemployment.

INCOME TYPE	DATE RECEIVED	AMOUNT

Credit References

	NAME OF COMPANY	CITY/STATE	BALANCE	MONTHLY PAYMENTS
1.				
2.				
3.				

Real Estate

- Do you own real estate? Yes ____ No ____
 If yes, are you receiving any income from this property? Yes ____ No ____
 Annual income from property: \$ _____
 Location of property: _____
- Have you sold any real estate or disposed of any assets in the last two years? Yes ____ No ____
 If yes, Fair Market Value Amount: \$ _____
 Sale Amount and Date: \$ _____ Date _____
 Sale Amount and Date: \$ _____ Date _____

Additional Information

- Do you have any pets? Yes ____ No ____
 If yes, explain: _____
 Description: _____ How many? _____
- Have you ever applied or lived here before? Yes ____ No ____
 Address _____ Date(s) _____
- Have you ever filed for bankruptcy? Yes ____ No ____
 Date: _____
- Have you ever been evicted from tenancy? Yes ____ No ____
 Date _____ Reason: _____
- Have you willfully or intentionally ever refused to pay rent? Yes ____ No ____
 Reason: _____
- Have you or any member ever lived in any assisted housing? Yes ____ No ____
 If yes, when: _____
- Has anyone in your household ever been convicted of any felony? Yes ____ No ____
 Name/Explanation: _____
- Have you ever been convicted of any fraud in a Federally assisted housing program or been requested to repay money for misrepresenting information for such housing program? Yes ____ No ____
 If yes, explain: _____
- Has assistance/subsidy/tenancy ever been terminated for fraud, non-payment of rent, or failure to cooperate with recertification procedures? Yes ____ No ____
- Do you have a section 8 certificate/voucher? Yes ____ No ____
- Do you require a unit with accessible features for persons with disabilities? Yes ____ No ____
 Explain _____

Elderly, Handicapped or Disabled Families
(Federally-subsidized projects only)

NOT APPLICABLE – THIS IS NOT A FEDERALLY SUBSIDIZED PROJECT

Do you have Medicare? Yes ___ No ___ If yes, Premium Amount: \$ _____

Do you have any other kind of Medical Insurance? Yes ___ No ___ If yes, give Policy No. and Agent: _____

Does your household require a handicap-adapted unit? Yes ___ No ___ Explain _____

Expenses
(Federally-subsidized projects only)

List payments to a provider of Childcare (other than a family member living with you), disabled adult care costs, payments of outstanding medical bills, insurance premiums, dental cost, etc. not covered by insurance.

	FAMILY MEMBER	COST	ADDRESS	PAID TO	DESCRIPTION OF EXPENSE
1					
2					
3					
4					

NOT APPLICABLE – THIS IS NOT A FEDERALLY SUBSIDIZED PROJECT

I certify the above information to be true and correct to the best of my knowledge. I authorize verification of assets, income, credit history, rental history and references. I understand that falsification of information found before or after acceptance of this property includes penalties that will result in cancellation of your application, also to include eviction, loss of assistance, if applicable. If this is a HUD subsidized property, the additional fines are imposed: fines of \$10,000.00 and five years imprisonment. WARNING!: Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.

Signature

Date

Co-Head/Spouse

Date

Other

Date

Other

Date

APPLICANT(S) PLEASE NOTE:

This is only a preliminary application. Completion of this form does not guarantee you housing, or guarantee placement on our waiting list. Please see tenant selection criteria for further details.

Date

Reviewed By

COMMENTS:

For hearing impaired persons:
TDD 1+ 800+545-1833 EXT. 482
Alternative service
Calif. Relay System 1+ 800 + 735 + 2922

WE ARE AN EQUAL OPPORTUNITY HOUSING PROVIDER
Professionally Managed by:
EAH, Inc.

