

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 ♦ Bay Point, CA 94565
 Phone: 925.957-7009 Fax: 925.709-3127**

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: _____

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: _____

Please provide the following information about your vehicle:

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

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 | DATE STARTED / GROSS SAL/MO |
|----|-------------------------|---------------|------------------|----------------|-------|-----------------------------|
| 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

Bedroom size unit required? _____

Do you require a unit with accessible features for persons with disabilities? Yes ___ No ___ Explain _____

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

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. | | | | | |

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 PLEASE NOTE:

This is only a preliminary application. Completion of this form does not guarantee you housing, nor 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.