



BREEZEWOOD VILLAGE

RENTAL APPLICATION

Instructions: Please complete ALL sections of this application. ALL adult household members must sign the application. Submitting duplicate copies will be cause for rejection of all applicants.

General Information

1. What size apartment are you applying for: 1 Bedroom 2 Bedroom

2. Do you require that your apartment be designed for the disabled/mobility impaired? Yes No
Please explain: _____

3. We are required to adhere to Federal Fair Housing laws and to encourage a balanced resident population at Breezewood Village. Therefore, we will appreciate your checking the appropriate blank below regarding your race/ethnicity. You are not obligated to provide this information.

 African American Asian/Pacific Islander Hispanic Native American White/Caucasian

Household Information

List ALL household members that are applying to live in the apartment (*be sure to include your own name*).

Name <i>First, Middle Initial, Last</i>	Relationship to Head of Household	M/F	Social Security Number	Birthdate <i>Month, Date, Year</i>

Current Address: _____

Daytime Phone: _____ **Evening Phone:** _____

- | <u>YES</u> | <u>NO</u> | |
|-----------------------|-----------------------|---|
| <input type="radio"/> | <input type="radio"/> | 1. Do you expect any additions to the household within the next 12 months?
Name & Relationship: _____
Explanation: _____ |
| <input type="radio"/> | <input type="radio"/> | 2. Is there anyone living with you now who won't be living with you at this property?
Name & Relationship: _____
_____ |
| <input type="radio"/> | <input type="radio"/> | 3. Are there any absent household members who under normal conditions would live with you? (For example, a household member away in the military.)
Explanation: _____ |

Current Residence

1. What is your current monthly rent? \$ _____ /Month

2. Why do you want to vacate your current residence?

3. What is the size of your current residence? # of Bedrooms _____

Rental History

YES NO

- o o 4. Have you or any one else named on this application filed for bankruptcy?
Explanation: _____
- o o 5. Have you or any one else named on this application been convicted of a felony?
Explanation: _____
- o o 6. Have you or any one else named on this application been convicted for dealing or manufacturing illegal drugs?
Explanation: _____
- o o 7. Have you or any one else named on this application been convicted of property damage?
Explanation: _____
- o o 8. Have you or any one else named on this application been evicted from a rental unit of any type including an apartment, home, mobile home or trailer?
Explanation: _____

Housing References

List the past FIVE years of housing references. (If additional space is required, use the back of this page.)

	<u>Landlord's Name/Address</u>	<u>Your Address</u>	<u>Own/Rent</u>	<u>Dates</u>
Name:	_____	_____	Own o	From: _____
Address	_____	_____	Rent o	To: _____
Phone:	() _____	_____		
Name:	_____	_____	Own o	From: _____
Address	_____	_____	Rent o	To: _____
Phone:	() _____	_____		
Name:	_____	_____	Own o	From: _____
Address	_____	_____	Rent o	To: _____
Phone:	() _____	_____		

Personal Reference

List a personal reference other than a relative.

Name: _____

Address: _____

Phone: _____ Relationship: _____ Years Known: _____

Name: _____

Address: _____

Phone: _____ Relationship: _____ Years Known: _____

Vehicle Identification

List vehicle information for all vehicles that are owned or operated by any household member.

	<u>Tag/License Plate #</u>	<u>State Issued</u>	<u>Make/Model/Year</u>
Vehicle #1:	_____	_____	_____
Vehicle #2:	_____	_____	_____

Income Information

Income is counted for anyone 18 or older (unless legally emancipated). However, if the income is unearned income such as a grant or benefit, it is counted for all household members including minors.

PLEASE PROVIDE THE TOTAL Household's ANNUAL INCOME: \$ _____

Answer the questions in this section to provide the source(s) of all household income you listed above.

Include all income anticipated for the next 12 months.

Do YOU or ANYONE in your household receive OR expect to receive income from:

YES

NO

9. **Employment wages or salaries?** *(Include overtime, tips, bonuses, commissions and payments received in cash.)*

Household Member

Name of Company

Amount

_____	_____	_____
_____	_____	_____
_____	_____	_____

10. **Self-employment?** *(Include overtime, tips, bonuses, commissions and payments received in cash.)*

Household Member

Type of Business

Amount

_____	_____	_____
_____	_____	_____

11. **Regular pay as a member of the Armed Forces?**

Household Member

Base Name & Branch

Amount

_____	_____	_____
_____	_____	_____

12. **Unemployment benefits or workman's compensation?**

Household Member

Contact Person

Amount

_____	_____	_____
_____	_____	_____

13. **Public Assistance or General Relief?**

Household Member

Contact Person

Amount

_____	_____	_____
_____	_____	_____

14. a. **Alimony?** *(We must count court-ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered rather received directly from payor.)*

Household Member

Payor

Amount

_____	_____	_____
_____	_____	_____
_____	_____	_____

b. **How is the support received?** *(Check all that apply)*

Court of Law

Name of Court: _____

Directly from Individual

Name of Person: _____

Other

Explain: _____

(If yes, obtain court papers)

c. **If money is not actually received, are you taking legal action to remedy?**

Explanation _____

- o o 15. Social Security, SSI or any other payments from the Social Security Administration?
- | <u>Household Member</u> | <u>SSA Office</u> | <u>Amount</u> |
|-------------------------|-------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
- o o 16. Regular payments from a Veteran's benefit, pension, retirement benefit or annuities?
- | <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
- o o 17. Regular payments from a severance package?
- | <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
- o o 18. Regular payments from any type of settlement? (For example, insurance settlements.)
- | <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
- o o 19. Regular gifts or payments from anyone outside of the household?
(This includes anyone supplementing your income or paying any of your bills.)
- | <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
- o o 20. Regular payments from lottery winnings or inheritances?
- | <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
- o o 21. Regular payments from rental property or other types of real estate transactions?
- | <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
- o o 22. Any other income sources or types not listed?
- | <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
- o o 23. Do you or any other household members expect any changes to your income in the next 12 months?
Explanation: _____

Asset Information:

Include all assets held and the income derived from the asset. INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS.

Do YOU or ANYONE in your household hold:

YES

NO

o

o

24. Checking or savings account?

Household Member

Source of Benefit

Amount

o o 25. CDs, money market accounts or treasury bills?

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

o o 26. Stocks, bonds or securities?

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

o o 27. Trust funds?

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

o o 28. Pensions, IRAs, Keogh or other retirement accounts?

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

o o 29. Cash on hand over \$500?

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

o o 30. Real estate, rental property, land contracts/contract for deeds or other real estate holdings?
(This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property.)

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

o o 31. Personal property held as an investment?
(This includes paintings, coin or stamp collections, artwork, collector or show cars, and antiques. This does not include your personal belongings such as your car, furniture or clothing.)

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

o o 32. A safe deposit box?

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

o o 33. Have you or any other household members disposed of or given away any asset(s) for LESS than fair market value within the past 2 years?

Household Member: _____ Amount: _____

Explanation: _____

Applicant Status

The following questions pertain to specific eligibility requirements of the Tax Credit Program.

YES NO

o o 34. Are you or any other ADULT household members claiming zero income?

Household Member: _____

Explanation: _____

- o o 35. Will you or any ADULT household member require a live-in care attendant to live independently?
 Name of Attendant: _____
 Relationship (if any): _____
- o o 36. Will your household be receiving Section 8 rental assistance at time of move-in?
 Name of Agency: _____
 Contact Person: _____
- o o 37. Will your household be eligible or are you applying to receive Section 8 rental assistance in the next 12 months?
 Expected Date: _____
 Name of Agency: _____
 Contact Person: _____

1. We are providing extensive recreation facilities and activities at this property for the enjoyment of our residents. Since we are always looking for assistance to coordinate special programs and activities, we will appreciate a brief description of your skills, interests, hobbies and any assistance/leadership you might provide to these programs. Please explain how you and other members of your family may contribute to the community life.

2. Please tell us about the educational background of the family members applying to live at Breezewood Village:

3. Your initials below will acknowledge that you understand that this apartment community will vigorously enforce a drug and crime free environment. You and your guests agree not to engage in any drug-related activity, including the manufacture, sale, distribution, use or possession of illegal drugs. These activities are a material violation of the lease and good cause for termination of tenancy. Each adult initial below.

_____ _____ _____ _____
 initials initials initials initials

U.S. Citizenship

ALL APPLICANTS MUST COMPLETE THE INFORMATION BELOW.

The State of California may enact public law which implements the provisions of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Pub. L. No. 104-193), which provides that only citizens or nationals of the United States or qualified aliens may receive agency public benefits. You may be required to show proof of citizenship or a qualified alien status to be eligible to reside in this apartment community.

1. Name of Family Members: _____
2. Place of Birth: _____
3. U.S. Citizen: Yes No Yes No
4. Legal (Qualified) Alien: Yes No Yes No
 - a. How many years have you lived in the U.S.? _____
 - b. What efforts are you making to become a U.S. Citizen?

Credit Information

PLEASE SIGN BELOW TO AUTHORIZE THE CREDIT REPORT AND CRIMINAL BACKGROUND CHECK. Management will perform a credit and eviction history and may perform a criminal background check of all applicants as a part of the applicant screening criteria. Your application will not be considered unless you provide management with your consent to obtain a credit report on each adult household member.

 (Signature)

 (Signature)

Signature Clause

I understand that management is relying on this information to prove my household's eligibility for the Housing Credit Program. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting management's resident selection criteria and the Housing Credit Program requirements.

All household members must sign below:

Signature **Date** **Signature** **Date**

Signature **Date** **Signature** **Date**

Compliance Forms\Rental Application 11/03

Date received by Management: _____

Received by: _____

Position: _____