



DO NOT DUPLICATE
ONE APPLICATION PER HOUSEHOLD ONLY

Cesar Chavez Plaza
c/o The John Stewart Company
1455 Response Rd, Suite 140
Sacramento, CA 95815

APPLICATION FOR ADMISSION

Cesar Chavez Plaza will comply with the provisions of any federal, state or local law prohibiting discrimination in housing on the basis of race, color, creed, ancestry, national origin, sex, sexual orientation, familial status, source of income, age, disability, AIDS, or AIDS relation condition.
 TDD Telephone device for the deaf only (415) 345-4470 or California Relay Service (711).

Please fill in all blanks. Incomplete applications will not be processed.

LOTTERY # _____ or DATE RECD _____

APPLICANT NAME: _____

DATE OF BIRTH: _____ **SOCIAL SECURITY #:** _____

CURRENT ADDRESS: _____ **APT. #:** _____

CITY, STATE, ZIP CODE: _____

PREVIOUS ADDRESS: _____ **APT. #:** _____

CITY, STATE, ZIP CODE: _____

HOME PHONE #: _____ **WORK #:** _____ **OTHER WORK #:** _____

CELL PHONE #: _____ **OTHER#:** _____ **FAX #:** _____

E-MAIL: _____

INDICATE TWO PEOPLE WHO GENERALLY KNOW HOW TO CONTACT YOU:

1. **NAME:** _____ 2. **NAME:** _____

ADDRESS: _____ **ADDRESS:** _____

PHONE #: _____ **PHONE #:** _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

LIST ALL HOUSEHOLD MEMBERS WHO WILL BE LIVING IN THE RESIDENCE. GIVE THE RELATIONSHIP OF EACH FAMILY MEMBER TO THE HEAD OF HOUSEHOLD.

| LAST NAME | FIRST NAME | BIRTHDATE (MM/DD/YYYY) | SOC. SEC. # |
|-----------|------------|------------------------|-------------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ |
| 5. _____ | _____ | _____ | _____ |
| 6. _____ | _____ | _____ | _____ |

DO YOU OWN A CAR? _____ WOULD YOU REQUIRE A PARKING SPACE? _____

CURRENT HOUSING STATUS

HOW MANY PEOPLE LIVE IN YOUR HOME NOW? _____ HOW MANY BEDROOMS DO YOU HAVE? _____

HAVE YOU OR ANYONE YOU PLAN TO HAVE LIVING WITH YOU HAD YOUR RESIDENCY/TENANCY TERMINATED FOR FRAUD, NON-PAYMENT OF RENT OR FAILURE TO COMPLY WITH LEASE PROVISIONS? _____ YES _____ NO. IF YES, PLEASE EXPLAIN _____

DO YOU PLAN TO HAVE ANYONE LIVING WITH YOU IN THE FUTURE WHO IS NOT LISTED ABOVE? _____ YES _____ NO. IF YES, PLEASE EXPLAIN: _____

IF YOU HAVE LISTED A CHILD OR CHILDREN ABOVE, DO YOU HAVE FULL CUSTODY OF YOUR CHILD(REN) LISTED ABOVE? _____ YES _____ NO. EXPLANATION OF CUSTODY ARRANGEMENTS: _____

HAVE YOU OR ANYONE YOU PLAN TO HAVE LIVING WITH YOU BEEN CONVICTED OF A FELONY? _____ YES _____ NO. IF YES, PLEASE LIST THE DISPOSITION BEHIND EACH INCIDENT INVOLVING ALL MEMBERS OF THE PROPOSED HOUSEHOLD: _____

DO YOU HAVE ANY FAMILY MEMBERS OR FRIENDS WHO CURRENTLY WORK AT THIS PROPERTY? YES. _____ IF YES, NAME OF EMPLOYEE: _____ NO. _____

DO YOU HAVE A SECTION 8 VOUCHER OR CERTIFICATE? _____ Expiration Date: _____
Yes No

1. **CURRENT LANDLORD:** _____
PHONE #: _____ FAX #: _____
WHAT IS YOUR CURRENT RENT? _____
LANDLORD'S ADDRESS: _____
DATE OF MOVE-IN: _____
YOUR ADDRESS/APT. #: _____

2. **PREVIOUS LANDLORD:** _____
PHONE #: _____ FAX #: _____
RENT AMOUNT: \$ _____
LANDLORD'S ADDRESS: _____
DATE OF MOVE-IN: _____ DATE OF MOVE-OUT: _____
YOUR ADDRESS/APT. #: _____

INCOME INFORMATION

DOES ANY FAMILY MEMBER NOW RECEIVE OR EXPECT TO RECEIVE INCOME FROM ANY OF THE FOLLOWING SOURCES? FOR EACH “YES” ANSWER, PROVIDE THE DETAILS IN THE CHART BELOW:

| <u>Income</u> | | <u>Monthly Gross Income</u> |
|--|---------------------------------------|--|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | I/we am self-employed. (List nature of self employment and Family Member) _____ |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | I/we have a job and receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation: List the businesses and/or companies that pay you: Name of Employer _____ / _____ Family Member 1) _____ 2) _____ 3) _____ |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | I/we receive cash contributions of gifts including rent or utility payments, on an ongoing basis from persons not living with me. |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | I/we receive unemployment benefits. |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | I/we receive Veteran’s Administration, GI Bill, or National Guard/Military benefits/income. |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | I/we receive periodic social security payments. Family Member 1) _____ 2) _____ |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | The household receives <u>unearned</u> income from family members age 17 or under (example: Social Security, Trust Fund disbursements, etc.). |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | I/we receive Supplemental Security Income (SSI). Family Member 1) _____ 2) _____ |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | I/we receive disability or death benefits other than Social Security. Family Member 1) _____ 2) _____ |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | I/we receive Public Assistance Income (examples: TANF, AFDC) |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | I/we am entitled to receive child support payments. |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | I/we am currently receiving child support payments. |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | I/we receive alimony/spousal support payments |

| | | | |
|--|---------------------------------------|--|--|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | I/we receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, or lottery winnings. If yes, list sources _____ and _____ Family Member 1) _____ 2) _____ | \$ _____ \$ _____ |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | I/we receive income from real or personal property. | (use <u>net</u> earned income) \$ _____ |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | I/we receive student financial aid (public or private, not including student loans). Family Member 1) _____ 2) _____ | \$ _____ \$ _____ |
| TOTAL HOUSEHOLD MONTHLY INCOME | | | \$ _____ |
| TOTAL HOUSEHOLD ANNUAL INCOME (TOTAL MONTHLY INCOME x 12) | | | \$ _____ |

Asset Information

| | | | Interest Rate | Cash Value |
|--|---------------------------------------|---|----------------------------|----------------------------------|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | I/we have a checking account(s). If yes, list bank(s) _____ and _____ Family Member 1) _____ 2) _____ 3) _____ | _____% _____% _____% | \$ _____ \$ _____ \$ _____ |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | I/we have a savings account(s) If yes, list bank(s) _____ and _____ Family Member 1) _____ 2) _____ 3) _____ | _____% _____% | \$ _____ \$ _____ |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | I/we have a revocable trust(s) If yes, list bank(s) 1) _____ | _____% | \$ _____ |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | I/we own real estate. If yes, provide description: _____ | | \$ _____ |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | I/we own stocks, bonds, or Treasury Bills If yes, list sources/bank names 1) _____ 2) _____ 3) _____ | _____% _____% _____% | \$ _____ \$ _____ \$ _____ |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | I/we have Certificates of Deposit (CD) or Money Market Account(s). If yes, list sources/bank names _____ and _____ Family Member 1) _____ 2) _____ 3) _____ | _____% _____% _____% | \$ _____ \$ _____ \$ _____ |

| | | | | |
|--|---------------------------------------|---|--------------------|----------------------|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | I/we have an IRA/Lump Sum Pension/Keogh Account/401K. If yes, list bank(s) _____ and _____ Family Member 1) _____ % 2) _____ % | _____ % _____ % | \$ _____ \$ _____ |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | I/we have a whole life insurance policy. If yes, how many policies _____ | | \$ _____ |

| | | | | |
|--|---------------------------------------|--|--------------------|----------------------|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | I/we have cash on hand. | | \$ _____ |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | I/we have disposed of assets (i.e. gave away money/assets) for less than the fair market value in the past 2 years. If yes, list items and date disposed: 1) _____ 2) _____ | | \$ _____ \$ _____ |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | I/we have income from assets or sources other than those listed above. If yes, list type below: 1) _____ 2) _____ | _____ % _____ % | \$ _____ \$ _____ |

Student Status

Yes No

| | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Does the household consist of persons who are all <u>full-time</u> students (Examples: College/University, trade school, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your household anticipate becoming a full-time student household in the next 12 months? |

PLEASE CONSIDER COMPLETING THIS OPTIONAL SECTION:

Do you require special unit design features for mobility impairment? Yes _____ No _____

Do you require special unit design features for visual impairment? Yes _____ No _____

Do you require special unit design features for hearing impairment? Yes _____ No _____

Nineteen (19) of these apartments are set aside for applicants who are homeless or at risk of homelessness, have a disability and have incomes below 20% of the SMI with no rental subsidy. Those with incomes between 20 & 30% of SMI and disabled may also qualify for these units under specific circumstances such as facing eviction, facing imminent release for an institutions, reside in overcrowded or substandard housing or pay more than 50% of their income for housing. Answering the following questions will help us determine if you could qualify for one of the set aside units.

Are you currently homeless? Yes _____ No _____

Are you currently living in an emergency shelter? Yes _____ No _____

Are you currently living in transitional housing? Yes _____ No _____

Are you disabled with one or more of the following: Mental Illness, HIV, substance abuse, developmental disability? Yes _____ No _____

Do you have a long-term chronic health condition? Yes _____ No _____

Do you face imminent eviction or imminent release from an institution? Yes _____ No _____

Do you live in an apartment with more than 2 residents per bedroom? Yes _____ No _____

Do you pay more than 50% of your income for housing cost? Yes _____ No _____

APPLICANT CERTIFICATIONS

1. I/we certify that if selected to move into this project, the unit I/we occupy 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 housing.
4. I/we understand we must provide written notification of any changes to the information on this form, especially address and telephone number.
5. I/we understand that the above information is being collected to determine my/our eligibility for an apartment. I/we authorize the owner to verify all information provided on this application and to contact previous or current 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 agree to allow management to perform a consumer credit check and criminal background check including sex offender registry on all adult household members. I/we agree to pay a credit check and criminal background processing fee of \$20.00 per adult household member at the initial screening interview. (I/we may request copies of these documents.) This will be required prior to an application being processed..
7. Housing is subject to availability.

HEAD OF HOUSEHOLD (PLEASE PRINT): _____

SIGNATURE OF HEAD: _____ DATE: _____

SIGNATURE ADULT APPLICANT #2: _____ DATE: _____

SIGNATURE ADULT APPLICANT #3: _____ DATE: _____

*How did you hear about our apartment community?

____ newspaper ____ flier ____ word of mouth

____ other (please state) _____

Thank you.

| | | | | | |
|------------------|------------------------|------------------------|------------------|--------------------|-------------------|
| Office use only: | 20% SMI _____ | 20-30% AMI _____ | 50% AMI _____ | 60% AMI _____ | Over income _____ |
| Criteria: | homeless/at risk _____ | imminent release _____ | ,disabled: _____ | verification _____ | Other _____ |
| Notes: | _____ | | | | |
| | _____ | | | | |
| | _____ | | | | |

