

Please deliver or mail to:
 Casa De Oro (Office)
 48 C St Gonzales, CA 93926
 (831) 675-3307 TDD (831) 754-2951
 Fax (831) 675-2767



**TO BE COMPLETED BY
 MANAGER**
 Application #:

Casa De Oro Tenant Application

Household Information: Complete the following information for each household member that will occupy the unit at time of move-in:

Name (Last, First, MI)	Relationship to the Head of Household	Sex (M/F)	Birth Date (mm, dd, yyyy)	Student (Y/N)	Social Security Number

Current Address: _____

Mailing Address: _____

Primary Phone: (____) _____ **Alternate Phone:** (____) _____

How did you hear about our apartment community?
 Newspaper Word of Mouth Flyer Other _____

Type:

Would you or anyone in your household benefit from a special needs unit?
 (Mobility, vision, or hearing impairment) Yes No

Will you or anyone in your household require a live-in care attendant? Yes No

Name of Live-In Care Attendant: _____

Relationship (If any): _____

It is the policy of the HACM to provide reasonable accommodation to those persons with disabilities so that they can participate equally in its housing programs. To request a reasonable accommodation, you may contact the Section 504 Coordinator, Maria Madera in writing at the Central Office located at 123 Rico Street, Salinas, CA 93907 or by telephone at (831) 775-5000/ TDD at (831) 754-2951.

Housing References:

List the **past 3 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>
1.	_____ _____ Phone: () _____	_____ _____	Own <input type="checkbox"/> Rent <input type="checkbox"/>	From: _____ To: _____
2.	_____ _____ Phone: () _____	_____ _____	Own <input type="checkbox"/> Rent <input type="checkbox"/>	From: _____ To: _____
3.	_____ _____ Phone: () _____	_____ _____	Own <input type="checkbox"/> Rent <input type="checkbox"/>	From: _____ To: _____

Household Information (continued)

- Will anyone else live in the unit on either a full-time or part-time basis, such as children temporarily absent, children in a joint custody arrangement, children away at school, unborn children, children in the process of being adopted, or temporarily absent family members? **Yes** **No**
If YES, explain _____
- Do you expect the number of household members to change in the future? **Yes** **No**
If YES, explain how many members will be added or reduced, and when that change will take place.

- Have any of the household members used names or a social security number other than the names and numbers used above? **Yes** **No**
If YES, explain _____
- Are any or ALL members of the household full-time students? **Yes** **No**
If YES, explain _____
- Have you or any member of your household ever been convicted of, plead guilty to or been placed on probation for any crime? **Yes** **No**
If YES, provide the nature of the crime(s): _____
Date: _____ State: _____ City: _____
County: _____
Are any of the above convictions a felony? **Yes** **No** If YES, Please explain _____

Are you or any members of your household subject to a lifetime registration requirement under a state sex offender registration program? **Yes** **No** If YES, Please explain _____

Are there any criminal charges pending now? **Yes** **No** If YES, please explain _____

- Do you live in subsidized housing now or have you in the past? **Yes** **No**
If YES, where? _____ From _____ To _____
Were you evicted? _____ If YES, why? _____

7. Have you or your spouse/co-applicant ever been evicted or otherwise involuntarily removed from rental housing due to fraud, non-payment of rent, failure to cooperate with recertification procedures, or for any other reason? Yes No

If YES, explain _____

8. Have you ever filed or are you currently filing for bankruptcy? Yes No

If YES, give reason _____
Date of filing: _____

9. Have you ever lived at any other property managed by _____ [insert management company name]? Yes No

If YES, where? _____

10. Why do you want to move from your current residence? _____

11. How did you hear about us? _____

12. Do you know or are you related to any of our residents or staff? _____

13. Please list any and all states that you have resided in? _____

Income Information:

Earned income is counted only for household members 18 or older and members who are legally emancipated. Unearned income such as a grant or benefit is counted for all household members, including minors.

Include all GROSS income (before taxes) each household member expects to earn in the next 12 months. (Check either YES or NO to each question.)

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

I. Employment wages or salaries? Self-employment? Regular pay as a member of the Armed Forces? Yes No

(Include overtime, tips, bonuses, commission and payments received in cash.)

<u>Household Member</u>	<u>Name of Company</u> <i>(or note if self-employed)</i>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Unemployment benefits or worker's compensation? Yes No

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Public Assistance, General Relief or Temporary Aid to Needy Families (TANF)? Yes No

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. (a) Child Support or Spousal Support (alimony)? Yes No

(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 the payer.)

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

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

<input type="checkbox"/> Child Support Enforcement Agency	Name of Agency: _____
<input type="checkbox"/> Court of Law	Name of Court: _____
<input type="checkbox"/> Directly from Individual	Name of Person: _____
<input type="checkbox"/> Other	Explain: _____

(c) If money is not actually received, are you taking legal action to remedy? Yes No

Explanation: _____

5. Social Security, SSI or any other payments from the Social Security Administration? Yes No

<u>Household Member</u>	<u>SSA Office</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

6. Regular payments from a pension, retirement benefit, annuities, or Veteran's benefits? Yes No

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

7. Regular payments from a severance package? Yes No

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

8. Regular payments from any type of settlement? (For example, insurance settlements) Yes No

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

9. Disability, death benefits or life insurance dividends? Yes No

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

10. Regular gifts or payments from anyone outside of the household? Yes No
 (This includes anyone supplementing your income or paying any of your bills.)

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

11. Educational grants, scholarships, or other student benefits? Yes No

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

12. Regular payments from lottery winnings or inheritances? Yes No

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

13. Regular payments from rental property or other types of real estate transactions? Yes No

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

14. Any other income sources or types not listed above? Yes No

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

15. Do you or any other household member expect any change in income in the next 12 months? Yes No
 If YES, explain: _____

Zero Income Verification:
 Are YOU or is ANY OTHER ADULT member of your household claiming zero income?

Yes No If YES, who? _____

Asset Information:

Include all assets and the corresponding annual interest rate, dividends or any other income derived from the asset. An asset is defined as any lump sum amount that you hold in your name and currently have access to. Include the value of the asset and corresponding income from the asset in the space provided.

INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS.

Do YOU or ANYONE in your household hold:

1. Checking or savings account?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Household Member</u>	<u>Bank or Financial Institution</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. CDs, money market accounts or treasury bills?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Household Member</u>	<u>Bank or Financial Institution</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

3. Stocks, bonds or securities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Household Member</u>	<u>Source (Broker's Name)</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

4. Trust funds?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Household Member</u>	<u>Bank or Financial Institution</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

Are any of the above listed trusts irrevocable? Yes No

5. Pensions, IRAs, 401Ks, 403Bs, KEOGH or other retirement accounts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Household Member</u>	<u>Location of Account</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

6. Cash on hand?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

7. Surrender value of a whole life, universal life, or endowment insurance policy which is available to the policy holder before death?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Household Member</u>	<u>Life Insurance Company</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

8. Real estate, rental property, land contract/contract for deeds or other real estate holdings? (This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property) Yes No

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

9. Personal property as an investment? (This includes paintings, coin or stamp collections, artwork collections or show cars and antiques. This does not include your personal belongings such as your car, furniture or clothing.) Yes No

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

10. Do you have a safe deposit box containing contents with a monetary value? Yes No

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

11. Have you or any household member disposed of or given away any asset(s) for LESS than fair market value within the past 2 years? Yes No

<u>Household Member</u>	<u>Description of Asset Disposed</u>	<u>Amount Received</u>
_____	_____	_____

Explanation: _____

Do you or anyone listed above own a vehicle?

Vehicle Identification:

1. License #: _____ State Issued: _____ Make/Model/Year: _____
2. License #: _____ State Issued: _____ Make/Model/Year: _____

All questions that were answered YES on this application will be verified through the appropriate third-party source. It will be your responsibility to provide management with all necessary information to properly process your application and verify your eligibility. This will include names, addresses, phone and fax numbers, account numbers (where applicable), and any other information required to expedite this process.

Signature Clause:

I understand that management is relying on this information to prove my household's eligibility for housing assisted under a program of the U.S. Department of Housing and Urban Development (HUD). I certify that all information and answers to the 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 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 and expedite this process in any way possible. I understand that my occupancy is contingent on meeting management's resident selection criteria and the HUD Neighborhood Stabilization Program.

I understand that in compliance with the FAIR CREDIT REPORTING ACT the processing of this application includes but is not limited to making any inquiries deemed necessary to verify the accuracy of the information I provided, including procuring consumer reports from consumer credit reporting agencies and obtaining credit information from other credit institutions.

I hereby grant the Housing Authority of the County of Monterey the right to process this application for the purpose of obtaining a Rental/Lease Agreement with this property. Additionally, I authorize all corporations, companies, law enforcement agencies, academic institutions, and current and former employers to release information they may have about me and release them from any liability and responsibility from doing so. A photographic or faxed copy of this authorization shall be as valid as the original.

All household members 18 and over must sign below:

Signature	Date
Signature	Date
Signature	Date
Signature	Date

For Office Use Only	
Check here if Pre- Application is on file. <input type="checkbox"/>	Application Date: _____ Time: _____ Desired Move-In Date: _____ _____ Application Received By: _____ As Agent for Owner