**RENTAL HOUSING APPLICATION**

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| **Part 1. Information About Yourself (Head of Household)** |

A. Your current legal name

Family Name *(Last Name)* Given Name *(First Name)* Full Middle Name *(If applicable)*

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B. If you have ever used other names, provide them below.

Family Name (Last Name) Given Name (First Name) Middle Name

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C. Gender **Male Female** 

D. What is your current marital status? Single, Never Married Married DivorcedWidowed

E. Social Security Number F. Date of Birth *(Mo/Day/Year)* G. Driver’s License#/State/Expiration

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1. Preference

The adult family member, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

Lives in the City of Palo Alto Works in the City of Palo Alto

No household member lives or works in the City of Palo Alto

The family member, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, uses a wheelchair. 

I. Apartment Size

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| Check the apartment size for which household qualifies: **(*To be filled out by PAHC Staff)***  Studio (1-2 persons) 1 Bed (1-3 persons) 2 Bed (2-5 persons) 3 Bed (3-7 persons) |

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| **Part 2. Addresses and Telephone Numbers** |

A. Home Address – Street Number and Name *(Do not write a P.O. Box in this space)* Apt #

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City County State Zip Code Country

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B. Care of Mailing Address – Street Number and Name *(If different from home address)* Apt #

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City State Zip Code Country

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Daytime Phone Number *(If any)* Evening Phone Number *(If any)* Email Address

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| **Part 3. Information About Your Residence and Employment** |

A. List the places where you have lived. Begin with where you live now and then list every place you have lived in your lifetime. If you need more space, use a separate sheet of paper.

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| Street Number & Name, Apartment #, City, State, Zip Code, Country  Name of Landlord, Address, Telephone Number | Dates *(Month/Year)*  From To | |
| Current Home Address – Same as Part 2. A | \_ \_ / \_ \_ \_ \_ | \_ \_ / \_ \_ \_ \_ |
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B. Have you ever been evicted? Yes No. If yes, state the circumstances: 

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C. Where have you worked (or, if you were a student, what schools did you attend)? Include military service. Begin with your current or latest employer and then list every place you have worked or studied. If you need more space, use a separate sheet of paper.

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| Employer or  School Name/  Contact Person | Employer or School Address  *(Street, City, and State)* | Dates *(Month/Year)*  From To | | Your  Occupation |
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| **Part 4. Information About Your Household** |

A. List Head of Household as first family member

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| Member  Number | Name | Relation to Head of Household | Social Security# | Birth Date  *(Mo/Date/Year)* | Gender*(Check)*  Male Female |
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B. List every place where each *other adult (18 years and older)* household member has lived. Begin with the current address. Use the Member Number in Part 4. A. If you need more space, use a separate sheet of paper.

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| Member  Number | Street Number and Name, Apartment#, City, State, Zip Code, Country  Name of Landlord, Address, Telephone Number | Dates *(Month/Year)*  From To | |
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C. Has any other household member been evicted? Yes No. If yes, state the circumstances. 

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D. Where have *other adult (18 years and older)* household members worked (or, if they were students, what schools did they attend)? Include military service. Begin with the current or latest employer and then list every place they have worked or studied. If you need more space, use a separate sheet of paper.

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| Member  Number | Employer or  School Name/  Contact Person | Employer or School Address  *(Street, City, State)* | Dates *(Month/Year)*  From To | | Occupation |
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| **Part 5. Criminal History** |

A. Have you, or any other person named on this application, ever been arrested? Yes No

If yes, Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

B. Have you, or any other person named on this application, ever been convicted of a crime?

Yes No

If yes,

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

C. Have you, or any other person named on this application, ever been arrested for the illegal manufacture, sale, distribution, use, or possession of drugs? Yes No

If yes,

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_ Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

D. Have you, or any other person named on this application, ever been subject to a lifetime registration requirement under a state sex offender registration program of any city or county in the United States? Yes No

If yes, Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County \_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_

Reason:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Applicant Name Co-Applicant Name

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Signature Date Signature Date