

RENTAL HOUSING APPLICATION

Applicant's name _____

Residence address _____

Mailing address _____
 (if different from above)

Phone Numbers (Home) _____ (Work) _____ (Cell) _____

E-mail _____

Check the size apartment for which household qualifies:

Studio (1-2 person) 1BR (1-3 persons)

FAMILY COMPOSITION

Please fill in the following chart, listing yourself as the applicant and first family member:

#	Name	Relationship to Applicant	Social Security #	Birth Date	Age	Sex
1		Head of Family				
2						
3						

PREFERENCE *(If applicable)*

Applicant, co-applicant or other adult: *(Check all that apply)*

- Lives in the City of Redwood City. Works in the City of Redwood City.
(Please bring documentation to the interview to verify living or working in Redwood City.)
- No household member lives or works in the City of Redwood City.
- Applicant is a person with disabilities
- Applicant uses a wheelchair.

How did you hear about this property: Advertisement _____ Agency Flyer

Flyer at an Agency _____ Alta Website Locale Website

Other _____



HOUSEHOLD GROSS INCOME

On the chart below, list all sources of annual gross income (before payroll deductions) for all adult members of the household (age 18 or older) expected to be received during the next 12 months. Indicate in the middle column the family member number from the Family Composition chart. Make sure all income is shown. Attach additional sheets if needed. Please bring documentation for all amounts.

<u>Type of Income</u>	<u>Household Member #</u>	<u>Yes or No</u>	<u>Anticipated Annual Income</u>
Wages, Salaries, Overtime, Tips			
Bonuses & Other Compensations			
Unemployment Benefit			
Worker's Compensation & Severance Pay			
Social Security			
SSI			
Pensions/Annuities			
VA Pension			
Disability or Death Benefits			
AFDC			
Spousal Support			
Interest Income			
Dividends			
Income from Net Family Assets			
Lump Sum Payments			
Recurring Monetary Contributions or Gifts			
Other			

EMPLOYMENT

Please list the following information for current employer(s):

On the chart below, indicate the value of all assets, investments and pensions held by anyone in your household, indicating the family member number from the Family Composition chart for each asset.

Family Member #	Name of Supervisor	Name & Address of Company (Include Zip Code)
	Department	
	Phone Number	Position Held
	Department	
	Phone Number	Position Held

Please indicate the following information for the eligibility worker for any member of your household receiving government benefits.

Family Member #	Name of Eligibility Worker	Name & Address of Agency (Include Zip Code)
	Phone Number	
	Case Number	
	Phone Number	
	Case Number	

VALUE OF ASSETS, INVESTMENTS AND PENSIONS

On the chart below, check the assets, investments and pensions held by all adult household members 18 years of age and over. Indicate the family member number from page 1.

<u>Type of Asset</u>	<u>Household Member #</u>	<u>Yes or No</u>	<u>Account #</u>
Savings Account			
Checking Account			
Safe Deposit Boxes			
Stocks or Bonds			
T-Bills/CD's			
Money Market Account			
Revocable Trusts			
Retirement & Pension Funds			

IRA's/Keoughs			
Real Estate (Equity) or Other Capital Investments			
Mortgage or Deed of Trust			
Home			
Any asset disposed of within last 2 years			
Life Insurance Policies available before death			
Lump-sum Receipts or One-time Receipts			
Other			

Please provide the following information for institutions where you have checking, savings, Cds, IRAs, or other types of bank accounts.

Family Member #	Name of Institution	Address of Institution (Include Zip Code)
	Phone Number	
	Account Number	Type of Account
	Phone Number	
	Account Number	Type of Account
	Phone Number	
	Account Number	Type of Account

Are there any pending benefit claims such as state or insurance disability, unemployment, social security, general assistance, AFDC, or welfare? Yes _____ No _____ If Yes, give type and amount: _____, approximately \$ _____

HOUSING REFERENCES

For all adults, list all landlords (or their property managers or resident managers) for the past five years. Attach additional sheets as needed.

For family Member # _____, Currently residing at _____
Occupancy from ____/____/____ Rent: _____
Landlord _____ Landlord Address _____
Phone Number _____

For family Member # _____, Previously residing at _____
Occupancy from ____/____/____ Rent: _____
Landlord _____ Landlord's Address _____
Phone Number: _____

For family Member # _____, Previously residing at _____
Occupancy from ____/____/____ Rent: _____
Landlord _____ Landlord's Address _____
Phone Number _____

Have you ever been evicted? _____ Yes _____ No. If yes, please explain:

Applicant's Certification (signed by all adult members of applicant's household)

I certify that all the information in this Application, including supporting documentation, is true and complete to the best of my knowledge and any deliberate false statements or information will cause rejection of this application. I understand that it is a provision of the lease that I report and assist in the verification of actual amounts of all income received by all adult occupants.

I give permission to Palo Alto Housing & Locale to investigate the credit and tenant history and references of all persons named herein as applicants for tenancy. **Attached is a copy of the signed Resident Selection Criteria.**

Applicant's Signature: _____ Date: _____

Co-Applicant's Signature: _____ Date: _____