



## RENTAL APPLICATION FOR AFFORDABLE HOUSING

**Do NOT use for Project Based Section 8 Applicants**

All persons 18 years or older (unless deemed otherwise by local jurisdiction) must complete a separate application.

(Please Print Clearly)

UNIT #: \_\_\_\_\_

YOUR AGENT: \_\_\_\_\_

DATE: \_\_\_\_\_

PROPERTY NAME: Atlas

Full Name (Last, First, M.I.)		
Date of Birth		
Cars (Color/Make/Lic#/State/Year)		
Driver's License Number		
E-mail Address		
Contact Phone No. - Home/Cellular		
Pets <input type="checkbox"/> Yes <input type="checkbox"/> No	Size of Pet:	Breed of Pet:
Do you have a Section 8 Voucher?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Student Status</b>	Not a student <input type="checkbox"/> Full Time Student <input type="checkbox"/> Part Time Student <input type="checkbox"/>	

**OTHERS TO RESIDE IN THE APARTMENT AND/OR ANYONE WHO MAY BE JOINING THE HOUSEHOLD IN THE NEXT 12 MONTHS :  
(IF NONE, MARK 'NONE')**

Full Legal Name	Relationship to Applicant	Date of Birth	Student	Occupation

**Please Include 2 years Of Housing History**

CURRENT ADDRESS:		PREVIOUS ADDRESS:	
Street	_____	Street	_____
City/County/State/Zip	_____	City/County/State/Zip	_____
Monthly Payment	Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with Family <input type="checkbox"/>	Monthly Payment	Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with Family <input type="checkbox"/>
Dates	From: _____ To: _____	Dates	From: _____ To: _____
Landlord/Lender	_____	Landlord/Lender	_____
Phone	_____	Phone	_____

CURRENT EMPLOYER :	PREVIOUS EMPLOYER <input type="checkbox"/> OR CURRENT 2ND EMPLOYER <input type="checkbox"/>
Name	Name
Address	Address
City/County/State/Zip	City/County/State/Zip
Date of Hire	Work Phone
Work Phone	Date of Hire
Position	End Date
Annual Income \$	Position
Supervisor	Annual Income \$
Fax Number	Supervisor
	Fax Number

**ANNUAL INCOME**

Do you have income from or expect to have income from:

	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$
Employment Income			
Self-Employment			
Rental Income			
Social Security/Pensions			
Retirement/Annuity			
Contributions from Friends or Family			
Scholarships/Grants/Work Study			
Unemployment benefits			
Worker's Compensation			
Do you have a <b>Court Order</b> for Child Support/Alimony?			
Do you <b>receive</b> Child Support/Alimony?			
TANF / AFDC			
Veteran's Administration			
Other			

**ASSETS**

List all assets for you and for anyone else in the household under the age of 18 that you hold accounts for:

Listing of All Assets			Cash Value	Annual interest or earnings from asset	Name of Financial Institution/Description of Asset
Checking Account(s)	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$	\$	
			\$	\$	
Savings Account(s)	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$	\$	
			\$	\$	
Cash on Hand	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$	\$	
Stocks/ Bonds	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$	\$	
CD/Money Market	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$	\$	
Mutual Funds	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$	\$	
IRA/401 K Account	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$	\$	
Trust Fund	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$	\$	
Whole Life Insurance	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$	\$	
Do you currently own a home or have you within the last two years?					
	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$	\$	
Other	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$	\$	

**WAITLIST PREFERENCES**

Select all that apply. Verification may be required. By checking the box and signing this section, you authorize the Regional Center of Easy Bay to verify the accuracy of the information provided.

Client of Regional Center of East Bay

- Households in which at least one adult applicant is receiving or eligible for services from the Regional Center of the East Bay ("RCEB").
- The Kelsey, an independent nonprofit, will offer eligible households with on-site housing-related services, inclusion supports, and other programming to support RCEB-eligible clients in the community. It also is the intent that RCEB clients will access, with support from their service coordinator at RCEB, individualized home- and community-based services. Availability and scope of services is subject to change.
- By marking that you would like to be considered for this preference, you are authorizing RCEB to provide owner with confirmation that the following individual(s) is receiving, or eligible to receive, services from the RCEB: \_\_\_\_\_.

**BACKGROUND INFORMATION**

Have you or any other prospective residents or occupants listed on this Application ever

(check if applicable; you represent the answer is "NO" if you have not checked any item below):

<input type="checkbox"/> been evicted or asked to move out?	<input type="checkbox"/> broken a rental agreement or lease contract?
<input type="checkbox"/> been or are currently delinquent to a previous landlord?	<input type="checkbox"/> declared bankruptcy; if so, when?: _____

**By signing this application for residency I acknowledge the following:**

**AUTHORIZATION:** Applicant represents that all of the above information is true and complete and authorizes the verification of the information provided.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_