

# *The Surf Apartments*

## *Affordable Housing*

Thank you for your interest in The Surf Apartments.

The following is our application for our wait list/rental.

Be aware that we are only able to rent to households in which the primary renter is 55 years of age or older and falls beneath the low-income limit.

Please be careful to fill out this application in its entirety; partially completed applications will be rejected.

A \$35.00 application per each adult in the household must be paid in full prior to your application being processed.

This fee covers the necessary processing of your application to determine eligibility. Your application will only be added to the waitlist following approval from management. Payment of application fee does not guarantee the approval of your application.

If you have any questions please feel free to contact us through email at [thesurf2014@yahoo.com](mailto:thesurf2014@yahoo.com) or by calling the office at (707) 464-2581.

Our business hours are Monday through Friday, 8 A.M. through 5 P.M.

Thank you.



108 H Street, Crescent City, Ca. 95531  
Office: [707]464-2581 Fax: [707]464-7539  
This Institution is an Equal Opportunity Provider

# *The Surf Apartments*

*Affordable Housing*

*Must be 55 or Older*

*(Incomplete Applications Will be Automatically Discarded)*

*There will be a \$35 application fee (non-refundable) for each adult.*

*We do not except cash – only money orders or cashier checks.*

*If you have an EVICTON, FELONY OR ANY CRIMINAL BACK GROUND, you will not qualify no exceptions.*

*Applicants are required to provide the following applicable documentation in order to qualify:*

- 1. Proof of Income: (You will be required to inform us of any changes to your income as they occur.)*
  - A. If you are employed [3] months' of pay stubs*
  - B. A current social security / SSI letter*
  - C. Pension*
  - D. Public Assistance*
  - E. Child Support / Spousal Support*
- 2. Asset Verification:*
  - A. Bank Statements*
  - B. Any other assets such as CD's, IRA, Certificates or Trust*
  - C. If you own property we will need verification of value. If you sold or lost your home because of bankruptcy, foreclosure etc., that must also verified.*
- 3. A working email address as well as a working phone number*
- 4. A copy of your ID and Social Security Card.*

*All Verification letters must be current (30 days of completion of Application)*



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# The Surf Apartments

## RENTAL APPLICATION

108 H Street  
Crescent City, CA 95531  
OFFICE: [707]464-2581  
FAX: [707]464-7539

### FOR OFFICE USE ONLY

Applicant Name: \_\_\_\_\_  
Reviewed by: \_\_\_\_\_  
Date: \_\_\_\_\_  
Unit Size: ☐ Studio ☐ 1-Bedroom

**\$35 APPLICATION FEE PER ADULT**

***APPLICANT MUST BE 55 YEARS OR OLDER***

Applicant's Full Legal Name:	Spouse/Co-Applicant's Full Legal Name:
Current Address:	Current Address:
City, State, Zip:	City, State, Zip:
Home Telephone:	Home Telephone:
Work Telephone:	Work Telephone:
Social Security Number:	Social Security Number:
Date of Birth:	Date of Birth:

CAR: Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Lic. # \_\_\_\_\_ Color \_\_\_\_\_  
Driver's Lic. # \_\_\_\_\_

1. How long have you lived at current address? \_\_\_\_\_

2. Have you, your spouse, or your co-applicant ever used different names from the names shown above? ☐ Yes ☐ No

If yes, please list names used and dates when such names were used:

\_\_\_\_\_

3. Have you, your spouse, or your co-applicant ever been evicted or otherwise removed from rental housing? ☐ Yes ☐ No

If yes, please provide landlord name, address and dates: \_\_\_\_\_

\_\_\_\_\_

4. Has any place where you, your spouse, or co-applicant lived been destroyed or damaged by fire? ☐ Yes ☐ No

If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

5. Do you, your spouse or co-applicant require special accommodation based on handicap or disability? ☐ Yes ☐ No

6. Do you, your spouse or co-applicant require full-time live-in aid (caregiver)?

☐ Yes ☐ No

If yes, please provide documentation to verify.



# *The Surf Apartments*

7. Do you, your spouse or co-applicant require part-time aid (caregiver)? [ ] Yes [ ] No  
If yes, please provide documentation to verify.

## 8. Income from Employment

List all full time, part time, and/or seasonal employment for applicant, spouse/co-applicant including self-employment.

PLACE OF EMPLOYMENT	EMPLOYER ADDRESS	EMPLOYER TEL #	SUPERVISOR	EST. TOTAL EARNINGS COMING YR

## 9. Income from other Sources

List non-employment income for applicant, spouse/co-applicant. This includes income from rental property, social security, SSI, public assistance, general relief (assistance), unemployment compensation, alimony, child support, workers compensation, disability compensation, VA benefits, retirement pension, insurance benefits, and all other income.

TYPE OF INCOME & WHO PAYS IT	ADDRESS OF SOURCE OF INCOME	CONTACT PERSON NAME & PHONE NUMBER	EST. TOTAL EARNINGS COMING YEAR

## 10. Interest, Dividend Income, Assets

List assets of applicant, spouse/co-applicant, checking, savings, stocks, bonds, trust, money market, certificate of deposit, IRA and Keogh account, treasury bills, credit union shares, land and real estate:

DESCRIPTION OF ASSET	SOURCE NAME/ADDRESS	ESTIMATED CURRENT VALUE	EST. ANNUAL INCOME FROM ASSETS



# *The Surf Apartments*

11. Does applicant, spouse/co-applicant have a checking account? ☐ Yes or ☐ No or savings account? ☐ Yes or ☐ No

If yes, name and address of bank: \_\_\_\_\_

Account number: \_\_\_\_\_

## **RACE AND ETHNICITY OF APPLICANT**

The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and handicap/disability are complied with. You are not required to furnish this information, but you are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.

12. Race of Head of Household. Please check one:

☐ White ☐ Black ☐ Native American/Alaskan/Hawaiian ☐ Asian/Pacific Islander

13. Ethnicity of Head of Household. Please check one:

☐ Hispanic ☐ Non-Hispanic

## **QUESTIONS FOR ALL APPLICANT, SPOUSE/CO-APPLICANT**

The following questions pertain to applicant, spouse/co-applicant. Answer yes or no in response to each question and use the space provided to explain any yes answer.

14. Yes ☐ No ☐ Does applicant, spouse/co-applicant receive regular cash contributions from agencies or from individuals not living with you? \_\_\_\_\_

15. Yes ☐ No ☐ Does applicant, spouse/co-applicant currently use any illegal drug or other illegal controlled substance?

If yes, describe: \_\_\_\_\_

16. Yes ☐ No ☐ Has applicant, spouse/co-applicant ever engaged in drug-related criminal activity, such as use, possession, distribution, trafficking, or manufacture of an illegal drug?

If yes explain circumstances, outcome and present status: \_\_\_\_\_

17. Yes ☐ No ☐ Has applicant, spouse/co-applicant been involved in criminal activity that poses a threat to the health, safety or welfare of others?



# *The Surf Apartments*

If yes, when and where?

---

18. Yes ☐ No ☐ Has applicant, spouse/co-applicant ever been convicted of felony criminal activities?

If yes, please explain: \_\_\_\_\_

---

19. Yes ☐ No ☐ Has applicant, spouse/co-applicant ever applied for a government subsidized apartment before?

If yes, when and where? \_\_\_\_\_

---

20. Yes ☐ No ☐ Do you have a HUD? This complex accepts HUD subsidies as payment for housing charges.

If yes, explain: \_\_\_\_\_

---

21. Do you own a dog or cat? Yes No If so how much does it weight? \_\_\_\_\_

## **IN CASE OF EMERGENCY, CONTACT THE FOLLOWING PERSON**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_

## **WAITING LIST PRIORITIES**

If you answer yes to questions 21-27 you must provide documentation to verify:

22. Yes ☐ No ☐ Is applicant, spouse/co-applicant involuntarily displaced through no fault of anyone in the household?

23. Yes ☐ No ☐ Has an actual or threatened physical act of violence been directed against applicant, spouse/co-applicant by a spouse or other member of the household?

24 Yes ☐ No ☐ Has an actual or threatened physical act of violence or intimidation been directed against a person or his or her property that is based on the person's race, color, religion, sex, national origin, handicap, or familial status? It must have occurred recently or is of a continuing nature.

25. Yes ☐ No ☐ Does the applicant, spouse/co-applicant require a handicap accessible unit?

26. Yes ☐ No ☐ Does applicant, spouse/co-applicant pay more than 50% of monthly income for rent and utilities?



# The Surf Apartments

27. Yes [ ] No [ ] Is applicant, spouse/co-applicant currently living in substandard housing?

28. Yes [ ] No [ ] Is applicant, spouse/co-applicant homeless?

## 29. Rental History

Please enter the information requested for applicant, spouse/co-applicant's current address. Include places where you were not listed and placed where you lived under a different name. **You must show two (2) years rental history.**

### APPLICANT RENTAL HISTORY

1) Applicant Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Monthly Rent: \$ \_\_\_\_\_

Paid Utilities: \$ \_\_\_\_\_ Landlord Name: \_\_\_\_\_ Tel #: (\_\_\_\_) \_\_\_\_\_

Did you fulfill lease term? Yes [ ] No [ ] If no, explain: \_\_\_\_\_

Move-In Date: \_\_\_\_\_ Move-Out Date: \_\_\_\_\_ Security Deposit: \$ \_\_\_\_\_

### SPOUSE/CO-APPLICANT RENTAL HISTORY

2) Applicant Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Monthly Rent: \$ \_\_\_\_\_

Paid Utilities: \$ \_\_\_\_\_ Landlord Name: \_\_\_\_\_ Tel #: (\_\_\_\_) \_\_\_\_\_

Did you fulfill lease term? Yes [ ] No [ ] If no, explain: \_\_\_\_\_

Move-In Date: \_\_\_\_\_ Move-Out Date: \_\_\_\_\_ Security Deposit: \$ \_\_\_\_\_

## 30. Utility Payment History

NAME OF UTILITY COMPANY	TYPE (ELEC. OR GAS)	NAME OF ACCT. HOLDER	PROPERTY ADDRESS



# *The Surf Apartments*

## **STATEMENTS BY APPLICANT, SPOUSE/CO-APPLICANT**

We certify that all information given in this application hereto is true, complete and accurate. We understand that if any of this information is false, misleading or incomplete, management may decline our application or, if move-in has occurred, terminate our Rental Agreement.

We authorize the Property Management to make any and all inquiries to verify this information either directly or through information exchanged now or later with rental and credit screening services, and to previous and current landlords or other sources for credit and verification confirmation which may be released to appropriate Federal, state or local agencies. We are also aware that a criminal-record check will be required of each household member 18 years and older. Applicants can be rejected for a criminal history that includes physical and or sexual violence that could affect the health, safety, or welfare of other residents.

If our application is approved and move-in occurs, we certify that only those persons listed in the application will occupy the apartment that they will maintain no other place of residence, and that there are no other persons for whom we have or expect to have responsibility to provide housing. We agree to notify management in writing regarding any changes in address, telephone numbers, income and household composition.

We have read, and understand, the information in these applications in particular the information contained in the instructions for applicant and we agree to comply with such information.

We understand that if this application is placed on a Waiting List, we may request sample copies of the Rental Agreement and House Rules. If this application is approved, and move-in occurs, we certify that we will accept and comply with all conditions of occupancy as set forth therein, including specifically all conditions regarding pets, rent, damages and Security Deposit.

We authorize management to obtain one or more "consumer reports" as defined in the Fair Credit Reporting Act 15 U.S.C. Section 1681 a (d) seeking information on our credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. Notice: you are hereby notified that a negative credit report reflecting on your credit record may be submitted in the future to a credit reporting agency if you fail to fulfill the terms of your rental/credit obligations or if you default in those obligations in any way.

# *The Surf Apartments*

**Fair Housing requires us to obtain this information:**

How did you hear about units to rent?

Community Organization Name: \_\_\_\_\_

Newspaper Name: \_\_\_\_\_

Brochure: \_\_\_\_\_ Employment: \_\_\_\_\_ Signs on Building: \_\_\_\_\_

Referred by a resident in the building: \_\_\_\_\_ Other: \_\_\_\_\_

Online: \_\_\_\_\_

Additional Information: \_\_\_\_\_

If this application is for an applicant of more than one person, we consider ourselves a stable household and all of our income is available for its needs.

**IMPORTANT: I also understand it is my responsibility to contact the Manager (in writing) at least every 6 months in order to keep my application on the waiting list.**

Applicant, spouse/co-applicant and any other individual named in this applicant must sign

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_ Signature of Spouse or Co-Applicant \_\_\_\_\_

Date \_\_\_\_\_ Signature of Co-Applicant \_\_\_\_\_

Acceptance of completed application by Management:

Date \_\_\_\_\_ Signature of Management Representative \_\_\_\_\_

**ALL PAGES OF THIS APPLICATION MUST BE FILLED OUT COMPLETELY AND SIGNED**



# APPLICATION TO RENT

(all sections must be completed)

Individual applications required from each occupant 18 years of age or older.

LAST NAME		FIRST NAME		MIDDLE NAME		SOCIAL SECURITY NUMBER	
OTHER NAMES USED IN THE LAST 10 YEARS				WORK PHONE NUMBER		HOME PHONE NUMBER ( )	
DATE OF BIRTH		EMAIL				MOBILE/CELL PHONE NUMBER ( )	
DRIVER'S LICENSE NO.		EXPIRATION		STATE		OTHER ID	
1 PRESENT ADDRESS		CITY		STATE		ZIP CODE	
DATE IN		DATE OUT		OWNER/MGR NAME		OWNER/MGR PHONE NO. ( )	
REASON FOR MOVING							
2 PREVIOUS ADDRESS		CITY		STATE		ZIP CODE	
DATE IN		DATE OUT		OWNER/MGR NAME		OWNER/MGR PHONE NO. ( )	
REASON FOR MOVING							
3 NEXT PREVIOUS ADDRESS		CITY		STATE		ZIP CODE	
DATE IN		DATE OUT		OWNER/MGR NAME		OWNER/MGR PHONE NO. ( )	
REASON FOR MOVING							

PROPOSED OCCUPANTS	NAME	NAME
LIST ALL IN ADDITION TO YOURSELF		
WILL YOU have pets?	DESCRIBE	WILL YOU HAVE liquid filled furniture?
		DESCRIBE

☐ am ☐ am not a member of the Armed Forces (including the National Guard and Reserves).

<b>A</b>	Present occupation or source of income		Employer name
	How long with this employer	Supervisor's Phone # ( )	Employer address
	Name of your supervisor		City, State ZIP
<b>B</b>	Prior occupation		Employer name
	How long with this employer	Supervisor's Phone # ( )	Employer address
	Name of your supervisor		City, State ZIP

Current gross income \$	PER	Check One <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	Please list ALL of your financial obligations below
Name of your bank			
Branch or Address			Account Number
			checking
			savings





Name of creditor	Address	Phone Number	Mo. pymt. amt.
		(    )	
		(    )	
		(    )	
		(    )	
		(    )	
		(    )	

In case of emergency, notify:	Address	Phone	City	Relationship
1.		(    )		
2.		(    )		
Personal References:	Address	Phone	Length of Acquaintance	Occupation
1.		(    )		
2.		(    )		

Automobile: Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ License # \_\_\_\_\_

Automobile: Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ License # \_\_\_\_\_

Other motor vehicles: \_\_\_\_\_

Have you ever filed for bankruptcy? \_\_\_\_\_ Have you ever been evicted or asked to move? \_\_\_\_\_

Have you ever been convicted for selling, distributing or manufacturing illegal drugs? \_\_\_\_\_

**Applicant represents that all the above statements are true and correct and hereby authorizes verification of the above items including, but not limited to, the obtaining of a credit report and agrees to furnish additional credit references upon request. Applicant consents to allow owner/manager to disclose tenancy information to previous or subsequent owners/managers.**

**Owner will require a payment of \$ \_\_\_\_\_, which is to be used to screen Applicant with regards to credit history and other background information. The amount charged is itemized as follows:**

1. Actual cost of credit report, unlawful detainer (eviction) search, and/or other screening reports \$ \_\_\_\_\_
2. Cost to obtain, process and verify screening information (may include staff time and other soft costs) \$ \_\_\_\_\_
3. Total fee charged (cannot exceed \$35 per applicant, which may be adjusted annually with the CPI as of 1-1-98) \$ \_\_\_\_\_

**The undersigned makes application to rent housing accommodations designated as:**

Apt. No. \_\_\_\_\_ Located at \_\_\_\_\_

the rent for which is \$ \_\_\_\_\_ per \_\_\_\_\_ and upon approval of this application agrees to sign a rental or lease agreement and to pay all sums due, including required security deposit of \$ \_\_\_\_\_, before occupancy.

**Date** \_\_\_\_\_

**Applicant (signature required)** \_\_\_\_\_

#### CALIFORNIA APARTMENT ASSOCIATION CODE FOR EQUAL HOUSING OPPORTUNITY

The California Apartment Association supports the spirit and intent of all local, state and federal fair housing laws for all residents without regard to color, race, religion, sex, marital status, mental or physical disability, age, familial status, sexual orientation, or national origin.

The California Apartment Association reaffirms its belief that equal opportunity can best be accomplished through effective leadership, education, and the mutual cooperation of owners, managers, and the public.

Therefore, as members of the California Apartment Association, we agree to abide by the following provisions of this Code for Equal Housing Opportunity:

- We agree that in the rental, lease, sale, purchase, or exchange of real property, owners and their employees have the responsibility to offer housing accommodations to all persons on an equal basis.
- We agree to set and implement fair and reasonable rental housing rules and guidelines and will provide equal and consistent services throughout our residents' tenancy.
- We agree that we have no right or responsibility to volunteer information regarding the racial, creed, or ethnic composition of any neighborhood, and we do not engage in any behavior or action that would result in "steering."
- We agree not to print, display, or circulate any statement or advertisement that indicates any preference, limitations, or discrimination in the rental or sale of housing.



# TENANT INCOME CERTIFICATION QUESTIONNAIRE

*One Form per Adult Member of the Household*

<b>NAME:</b> _____	<b>TELEPHONE NUMBER:</b> (    ) _____
<div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"> <input type="checkbox"/>  <input type="checkbox"/>  <input checked="" type="checkbox"/>  <input type="checkbox"/> </div> <div> <b>Initial Certification</b>  <b>Re-Certification</b>  <b>Other</b> </div> </div>	<b>Unit #</b> _____
<input type="checkbox"/> I am a new household member who has occupied/will occupy unit on: _____	

## INCOME INFORMATION

## MONTHLY GROSS INCOME

	Yes	No			
1.	<input type="checkbox"/>	<input type="checkbox"/>	I am self-employed ( <i>list nature of self employment</i> ) _____	(use adjusted net income for self-employment only)	\$ _____
2.	<input type="checkbox"/>	<input type="checkbox"/>	I have a job/have been offered employment and receive/will receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation:  List the businesses and/or companies that pay you:  <u>Name of Employer:</u> 1. _____ 2. _____ 3. _____		\$ _____ \$ _____ \$ _____
3.	<input type="checkbox"/>	<input type="checkbox"/>	I receive cash contributions of gifts including rent or utility payments, on an ongoing basis from persons not living with me.		\$ _____
4.	<input type="checkbox"/>	<input type="checkbox"/>	I receive unemployment benefits.		\$ _____
5.	<input type="checkbox"/>	<input type="checkbox"/>	I receive Veteran's Administration, GI Bill, or National Guard/Military Benefits/Income		\$ _____
6.	<input type="checkbox"/>	<input type="checkbox"/>	I receive Social Security payments.		\$ _____
7.	<input type="checkbox"/>	<input type="checkbox"/>	The household receives <u>unearned</u> income from family members age 17 or under (example: Social Security, Trust Fund disbursements, etc.)		\$ _____
8.	<input type="checkbox"/>	<input type="checkbox"/>	I receive Supplemental Security Income (SSI)		\$ _____



# TENANT INCOME CERTIFICATION QUESTIONNAIRE

*One Form per Adult Member of the Household*

Yes No

9.	<input type="checkbox"/> <input type="checkbox"/>	I receive disability, EDD paid family leave, EDD disability insurance, or death benefits other than Social Security.	\$ _____
10.	<input type="checkbox"/> <input type="checkbox"/>	I receive Public Assistance Income ( <i>examples: TANF, CalWorks, CAPI, AFDC, GA/GR</i> )  <i>*Do not include CalFresh, SNAP, Food Stamps</i>	\$ _____
11.	<input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/>  n/a <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	I am entitled to receive child support payments ( <i>court ordered or parental agreement</i> )  I am currently receiving child support payments If yes, from how many persons do you receive support? _____  I am not currently receiving support, but I am making efforts to collect child support owed to me. List efforts being made: _____ _____ _____	Total amount of support received:   \$ _____
12.	<input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/> <input type="checkbox"/>  n/a <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	I am entitled to receive alimony or spousal support payments ( <i>court ordered or divorce agreement</i> )  I am currently receiving alimony/spousal support payments If yes, from how many persons do you receive support? _____  I am not currently receiving support, but I am making efforts to collect alimony or spousal support owed to me. List efforts being made: _____ _____ _____	Total amount of support received:   \$ _____
13.	<input type="checkbox"/> <input type="checkbox"/>	I receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, or lottery winnings.  If yes, list sources: _____ _____	\$ _____ \$ _____



# TENANT INCOME CERTIFICATION QUESTIONNAIRE

*One Form per Adult Member of the Household*

**Yes No**

<b>14.</b>	<input type="checkbox"/> <input type="checkbox"/>	I receive income from real or personal property.	(use net earned income) \$ _____
<b>15.</b>	<input type="checkbox"/> <input type="checkbox"/>	I receive student financial aid ( <i>public/private, exclude loans</i> ) Subtract cost of tuition from aid received  <i>* For households receiving Section 8 assistance only</i>	\$ _____
<b>16.</b>	<input type="checkbox"/> <input type="checkbox"/>	Are any of the above noted income sources ( <i>including Social Security, wages, unemployment, public assistance, disability, etc.</i> ) , currently being received as a Debit Visa or MC?	List Income Source: _____ _____
<b>17.</b>	<input type="checkbox"/> <input type="checkbox"/>	Do you anticipate receiving or have you applied for any income source that will begin in the next 12 months?	List Income Source: _____ _____

## ASSET INFORMATION

**Yes No**

**Interest Rate**

**Current Value**

<b>18.</b>	<input type="checkbox"/> <input type="checkbox"/>	I have a checking account(s). If yes, list bank(s) 1. _____ 2. _____	_____% _____%	\$ _____ \$ _____
<b>19.</b>	<input type="checkbox"/> <input type="checkbox"/>	I have a savings account(s). If yes, list bank(s) 1. _____ 2. _____	_____% _____%	\$ _____ \$ _____
<b>20.</b>	<input type="checkbox"/> <input type="checkbox"/>	I have funds on an EBT card, Debit Visa, or Debit MC		Current Balance: \$ _____
<b>21.</b>	<input type="checkbox"/> <input type="checkbox"/>	I have available funds held in a payment service account, such as Venmo, PayPal, Skrill, etc.  Source: _____ _____		\$ _____ \$ _____

# TENANT INCOME CERTIFICATION QUESTIONNAIRE

One Form per Adult Member of the Household

	Yes	No		Interest Rate	Current Value
22.	<input type="checkbox"/>	<input type="checkbox"/>	I have a revocable trust(s)  If yes, list bank(s) 1. _____ 2. _____	  _____ % _____ %	  \$ _____ \$ _____
23.	<input type="checkbox"/>	<input type="checkbox"/>	I own real estate. If yes, provide description: 1. _____ 2. _____		  \$ _____ \$ _____
24.	<input type="checkbox"/>	<input type="checkbox"/>	I own crypto currency such as Bitcoin, Litecoin, Ethereum, etc. If yes, list type: 1. _____ 2. _____	Average Change over a 3 month period:  _____ % _____ %	  \$ _____ \$ _____
25.	<input type="checkbox"/>	<input type="checkbox"/>	I own stocks, bonds, or treasury bills. If yes, list sources/bank names 1. _____ 2. _____	Rate of return or 3 month average:  _____ % _____ %	  \$ _____ \$ _____
26.	<input type="checkbox"/>	<input type="checkbox"/>	I have Certificates of Deposit (CD) or Money Market account(s). If yes, list sources/bank names 1. _____ 2. _____	  _____ % _____ %	  \$ _____ \$ _____
27.	<input type="checkbox"/>	<input type="checkbox"/>	<del>I have an IRA, lump sum pension, Keogh account, or 401K.</del> N/A If yes, list bank(s): 1. _____ 2. _____	  _____ % _____ %	  \$ _____ \$ _____
28.	<input type="checkbox"/>	<input type="checkbox"/>	I have a life insurance policy with a cash/surrender value.  If yes, how many policies? _____		  \$ _____
29.	<input type="checkbox"/>	<input type="checkbox"/>	I have disposed of assets (i.e. gave away money/assets) for less than the fair market value in the last 2 years. If yes, list items and date disposed: 1. _____ 2. _____		  \$ _____ \$ _____



**TENANT INCOME CERTIFICATION QUESTIONNAIRE***One Form per Adult Member of the Household*

30. <input type="checkbox"/> <input type="checkbox"/>	I have cash on hand in excess of \$250.		\$ _____
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**Yes No STUDENT ELIGIBILITY**

<input type="checkbox"/> <input type="checkbox"/>	I am a part-time student
<input type="checkbox"/> <input type="checkbox"/>	I am a full-time student ( <i>Example: K-12, College, Trade School, etc.</i> )
<input type="checkbox"/> <input type="checkbox"/>	Does the <b>entire</b> household consist of people who are currently <b>full-time</b> students?
<input type="checkbox"/> <input type="checkbox"/>	Does the <b>entire</b> household consist of people who are either currently a full time student or were a full-time student for 5 months or more in the current calendar year?
<input type="checkbox"/> <input type="checkbox"/>	Does your household anticipate becoming an all full-time student household in the next 12 months?

**Yes No If you answered yes to any of the previous 5 questions, are you:**

<input type="checkbox"/> <input type="checkbox"/>	Receiving assistance under Title IV of the Social Security Act ( <i>AFDC, TANF, CalWorks - not SSA/SSI</i> )
<input type="checkbox"/> <input type="checkbox"/>	Enrolled in a job training program receiving assistance through the Job Training Participation Act (JTPA), Workforce Investment Act (WIA), or other similar federal, state, or county government program
<input type="checkbox"/> <input type="checkbox"/>	Married and filing ( <i>or are entitled to file</i> ) a joint tax return ( <i>please provide copy of marriage certificate or tax return</i> )
<input type="checkbox"/> <input type="checkbox"/>	Single Parent with a dependent child(ren) and neither you or your child(ren) are dependents of another individual
<input type="checkbox"/> <input type="checkbox"/>	Previously enrolled in the Foster Care Program ( <i>currently age 18-24</i> )

**Under penalties of perjury, I certify that the information presented on this form is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information will result in the denial of application or termination of the lease agreement.**

\_\_\_\_\_  
Printed Name of Applicant / Tenant

\_\_\_\_\_  
Signature of Applicant / Tenant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witnessed by (Signature of Owner Representative)

\_\_\_\_\_  
Date