

VILLA TORRE PHASE I & II RENTAL APPLICATION

Apartment Size Desired: ☐ 1-Bedroom ☐ 2-Bedroom ☐ 3-Bedroom

List all household members to occupy the apartment (include yourself). Use full legal names.

Member #	Relationship to Head of Household	Name First, Middle Initial, Last	Social Security Number	DOB (mm/dd/yyyy)	M/F
Member #1					
Member #2					
Member #3					
Member #4					
Member #5					
Member #6					
Member #7					

Current Address: _____

Daytime Phone: _____ Evening Phone: _____

- YES ☐ NO ☐ 1. Is there anyone living with you now who won't be living with you at this property?
 Name and Relationship: _____
 Explanation: _____
- YES ☐ NO ☐ 2. Do you expect any additions to the household within the next twelve months?
 Name and Relationship: _____
 Explanation: _____
- YES ☐ NO ☐ 3. Do you have full custody of your children?
 Explanation: _____
- YES ☐ NO ☐ 4. Have you or any one else named on this application filed for bankruptcy?
 Explanation: _____
- YES ☐ NO ☐ 5. Have you or any one else named on this application been convicted of a felony?
 Explanation: _____
- YES ☐ NO ☐ 6. Have you or any one else named on this application been convicted for dealing or manufacturing illegal drugs?
 Explanation: _____
- YES ☐ NO ☐ 7. Have you or any one else named on this application been convicted of property damage?
 Explanation: _____
- YES ☐ NO ☐ 8. Have you or any one else named on this application been evicted from a rental unit of any type including an apartment, home, mobile home or trailer?
 Explanation: _____

DO NOT USE WHITE-OUT.

- YES ☐ NO ☐ 9. Will any adult household member require a live-in care attendant to live independently? If yes, list below: Name of attendant: _____ Relationship (if any): _____
- YES ☐ NO ☐ 10. Do you or anyone in your household require a barrier free unit?
Household Member: _____
Explain: _____
- YES ☐ NO ☐ 11. Do you or anyone in your household require any special features/accommodations in the unit?
Household Member: _____
Explain: _____
- YES ☐ NO ☐ 12. Does your household have or anticipate having any pets other than those used as service animals?
Explanation: _____
- YES ☐ NO ☐ 13. Will your household be receiving Section 8 or any other rental assistance? If yes, list below:
Name of Agency: _____
Contact Person: _____ Contact Phone Number : _____

Landlord History: List the past 5 years of housing references. (If additional space is needed use the back of this page.)

OWN ☐	RENT ☐	Landlord's Name/Address/Phone	Your Address	FROM (Move-In)	TO (Move-Out)
AMOUNT PAID: \$ _____		Name: _____	Your Address: _____		
		Address: _____	_____		
		_____	_____		
		_____	_____		
		Phone: _____	Subsidized Rent (voucher)? ☐ Yes ☐ No		
AMOUNT PAID: \$ _____		Name: _____	Your Address: _____		
		Address: _____	_____		
		_____	_____		
		_____	_____		
		Phone: _____	Subsidized Rent (voucher)? ☐ Yes ☐ No		
AMOUNT PAID: \$ _____		Name: _____	Your Address: _____		
		Address: _____	_____		
		_____	_____		
		_____	_____		
		Phone: _____	Subsidized Rent (voucher)? ☐ Yes ☐ No		

References: List a personal reference other than a relative:

Name: _____ Relationship: _____

Address: _____

Phone: _____ Years Known: _____

Name: _____ Relationship: _____

DO NOT USE WHITE-OUT.

Address: _____

Phone: _____ Years Known: _____

Vehicle Identification: List vehicle information for all vehicles that are owned or operated by any household member:

	<u>Make/Model/Year</u>	<u>Tag/License Plate#</u>	<u>State Issued</u>
Vehicle #1	_____	_____	_____
Vehicle #2	_____	_____	_____

Emergency Contact: List someone in the area that is not already on the application:

Name: _____ Phone Number: _____

Address: _____

Relationship: _____ Years Known: _____

Income Information

List income for anyone 18 or older (unless legally emancipated). You must also list all unearned income such as a grant or benefits for all household members including minors. Include income anticipated for the next 12 months.

Do YOU or ANYONE in your household have:

Yes No 14. Employment wages or salaries? (include overtime tips, bonuses, commissions & payments
☐ ☐ received in cash.)

<u>Household Member #</u> (From Page 1)	<u>Name of Company</u>	<u>Phone #</u>	<u>Amount (per month)</u>
			\$
Company Address:			
City:		State:	Zip Code:
<u>Household Member #</u> (From Page 1)	<u>Name of Company</u>	<u>Phone #</u>	<u>Amount (per month)</u>
			\$
Company Address:			
City:		State:	Zip Code:
<u>Household Member #</u> (From Page 1)	<u>Name of Company</u>	<u>Phone #</u>	<u>Amount (per month)</u>
			\$
Company Address:			
City:		State:	Zip Code:
<u>Household Member #</u> (From Page 1)	<u>Name of Company</u>	<u>Phone #</u>	<u>Amount (per month)</u>
			\$

DO NOT USE WHITE-OUT.

Company Address:			
City:		State:	Zip Code:
<u>Household Member #</u> (From Page 1)	<u>Name of Company</u>	<u>Phone #</u>	<u>Amount (per month)</u>
			\$
Company Address:			
City:		State:	Zip Code:
<u>Household Member #</u> (From Page 1)	<u>Name of Company</u>	<u>Phone #</u>	<u>Amount (per month)</u>
			\$
Company Address:			
City:		State:	Zip Code:

Yes No 15. Self-employment? (include overtime tips, bonuses, commissions & payments received in cash.)
☐ ☐

<u>Household Member #</u> (From Page 1)	<u>Type of Business</u>	<u>Phone #</u>	<u>Amount (per month)</u>
			\$

Yes No 16. Regular pay as a member of the Armed Forces
☐ ☐

<u>Household Member #</u> (From Page 1)	<u>Base Name and Branch</u>	<u>Phone #</u>	<u>Amount (per month)</u>
			\$

Yes No 17. Unemployment benefits or workers' compensation?
☐ ☐

Household Member # (From Page 1)	Contact Person	Phone #	Amount (per month)
			\$

Yes No 18. CALWORKS, General Relief, TANF, etc.
☐ ☐

Household Member # (From Page 1)	Contact Person	Phone #	Amount (per month)
			\$

Yes No 19. (a) Child Support or Alimony?
☐ ☐

Household Member # (From Page 1)	Payer	Phone #	Amount (per month)
			\$
			\$

(b) Is the support received from: (check all that apply)

Child Support Enforcement Agency

Name of Agency: _____

Court of Law

Name of Court: _____

Directly from the individual

Name of Person: _____

Other

Explain: _____

YES NO
☐ ☐

(c) If money is not actually received, are you taking legal action? (*explain*)

YES NO
☐ ☐

20. Social Security, SSI or any other payments from the Social Security Administration?

Household Member # (From Page 1)	SSA Office	Phone #	Amount (per month)
			\$
			\$

Yes No 21. Regular payments from a Veteran's benefit, pension, retirement benefit or annuities?
☐ ☐

Household Member # (From Page 1)	Source of Benefit	Phone #	Amount (per month)
			\$

Yes No 22. Regular payments from a severance package?
☐ ☐

Household Member # (From Page 1)	Source of Benefit	Phone #	Amount (per month)
			\$
			\$

Yes No 23. Regular payments from any type of settlement? (*for example, insurance, etc.*)
☐ ☐

Household Member # (From Page 1)	Source of Benefit	Phone #	Amount (per month)
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DO NOT USE WHITE-OUT.

		\$
		\$

Yes No 24. Regular gifts or payments from anyone outside of the household? (includes anyone supplementing your income or paying your bills.)
☐ ☐

Household Member # (From Page 1)	Source of Benefit	Phone #	Amount (per month)
			\$
			\$

Yes No 25. Educational grants, scholarships, financial aid, or other student benefits?
☐ ☐

Household Member # (From Page 1)	Source of Benefit	Phone #	Amount (per month)
			\$

Yes No 26. Regular payments from lottery winnings or inheritances?
☐ ☐

Household Member # (From Page 1)	Source of Benefit	Phone #	Amount (per month)
			\$

Yes No 27. Regular payments from rental property or other types of real estate transactions?
☐ ☐

Household Member # (From Page 1)	Source of Benefit	Phone #	Amount (per month)
			\$
			\$

Yes No 28. Any other income sources or types listed?
☐ ☐

Household Member # (From Page 1)	Source of Benefit	Phone #	Amount (per month)
			\$
			\$

Yes No 29. Do you or any other household member expect any changes to your income in the next 12 months?
☐ ☐
 Explain: _____

Asset Information

Must list all assets held and the income derive from all household members including minors.
 Do YOU or ANYONE in your household have:

Yes No 30. Checking or Savings?
☐ ☐

Household Member # (From Page 1)	Bank or Institution	Account Number	Amount
			\$
			\$
			\$

DO NOT USE WHITE-OUT.

			\$
			\$

Yes No 31. CDs, Money Market Accounts or Treasury Bills?

☐ ☐

<u>Household Member #</u> (From Page 1)	<u>Bank or Institution</u>	<u>Account Number</u>	<u>Amount</u>
			\$
			\$

Yes No 32. Stocks, bonds, or securities?

☐ ☐

<u>Household Member #</u> (From Page 1)	<u>Bank or Institution</u>	<u>Account Number</u>	<u>Amount</u>
			\$
			\$
			\$
			\$

Yes No 33. Trust funds?

☐ ☐

<u>Household Member #</u> (From Page 1)	<u>Bank or Institution</u>	<u>Account Number</u>	<u>Amount</u>
			\$
			\$

Yes No 34. Pensions, IRA's Keogh other retirement accounts?

☐ ☐

<u>Household Member #</u> (From Page 1)	<u>Bank or Institution</u>	<u>Account Number</u>	<u>Amount</u>
			\$
			\$

Yes No 35. A safe deposit box?

☐ ☐

<u>Household Member #</u> (From Page 1)	<u>Bank or Institution</u>	<u>Account Number</u>	<u>Amount</u>
			\$

Yes No 36. Personal property held as an investment?

☐ ☐

(Includes paintings, coin or stamp collections, artwork, collector or show cars, and antiques.
Does not include your personal belongings such as your car, furniture or clothing.)

<u>Household Member #</u> (From Page 1)	<u>Type of Property</u>	<u>Account Number</u>	<u>Amount</u>
			\$
			\$

Yes No 37. Real estate, rental property, land contracts/contract for deeds or other real estate holdings?

☐ ☐

(Includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property.)

<u>Household Member #</u>	<u>Source of Benefit</u>	<u>Account Number</u>	<u>Amount</u>
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DO NOT USE WHITE-OUT.

(From Page 1)			
			\$
			\$

Yes No 38. Cash on hand over \$500.00?

☐ ☐

Household Member # (From Page 1)	Source of Benefit	Account Number	Amount
			\$
			\$

Yes No 39. Have you or any other household members disposed of or given away any asset(s) for less than
☐ ☐ fair market value within the last two years?

Household Member: _____ Amount: _____

Explain: _____

Yes No 40. Are you or any other adult household members currently a full-time student or expect to be one in
☐ ☐ the next twelve months? If yes, list below:

Household Member: _____

Explain: _____

Signature Clause:

I understand that management is relying on this information to prove my household's eligibility for the Low Income Housing Tax Credit Housing Program. I certify that all information and answers to the above questions are true and complete to the best of my knowledge.

I consent to release the information necessary 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 authorize and consent to have management verify the information contained in this application. I will provide all necessary information including source names, addresses, phone numbers, and account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting management's resident selection criteria and the Housing Program requirements.

ALL ADULT household members must sign below:

Signature: _____

Date: _____

Signature: _____

Date: _____

Signature: _____

Date: _____

Management: _____

Date: _____

If you require assistance in submitting you application, please call (408) 292-4600.



DO NOT USE WHITE-OUT.