

Sienna

 RENTAL APPLICATION

Apartment Size Desired: ☐ Studio* ☒ 1-Bedroom
*Studios are only available at Miranda Villa

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					

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:
- 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 a service animal?
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 ☐	<u>Landlord's</u> <u>Name/Address/Phone</u>	<u>Your Address</u>	<u>FROM</u> <u>(Move-In)</u>	<u>TO</u> <u>(Move-Out)</u>
AMOUNT PAID: \$ _____		Name: _____	Your Address: _____		
		Address: _____	_____		
		_____	_____		
		_____	_____		
		Phone: _____	Subsidized Rent (voucher)? ☐ Yes ☐ No		

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

OWN ☐	RENT ☐	<u>Landlord's</u> <u>Name/Address/Phone</u>	<u>Your Address</u>	<u>FROM</u> <u>(Move-In)</u>	<u>TO</u> <u>(Move-Out)</u>
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: _____
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: _____

DO NOT USE WHITE-OUT.

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.)

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

Yes

No

15. Self-employment? (include overtime tips, bonuses, commissions & payments received in cash.)

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

Yes

No

16. Regular pay as a member of the Armed Forces

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

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)
			\$
			\$

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
			\$
			\$
			\$
			\$
			\$

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

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

Yes No 32. Stocks, bonds, or securities?
☐ ☐

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

Yes No 33. Trust funds?
☐ ☐

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

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

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

Yes ☐ No ☐ 35. A safe deposit box?

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

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.)

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

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.)

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

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 your application, please call (408) 971-9640



DO NOT USE WHITE-OUT.