

PROCESS FOR SUBMITTING AN APPLICATION

Thank you for your interest in applying to live at our apartment community. In order to assist you, please find the following information regarding the process for submitting an application during the waiting list opening period of **Tuesday, December 15, 2009 through Saturday, December 19, 2009**.

APPLICATION INTAKE PROCEDURES

Applications will be accepted only by mail or in person at the property location where you are applying to live at and only during the week the waiting list is opened, **Tuesday, December 15, 2009 through Saturday, December 19, 2009**. All eligible applications received during the waiting list opening dates will be accepted to be placed on the waiting list.

By Mail: Applications received by mail must be postmarked between the dates the waiting list is opened, **Tuesday, December 15, 2009 through Saturday, December 19, 2009**. Any applications postmarked outside of this period will be disqualified.

In Person: Applications will be accepted in person only during the one (1) week advertised opening dates, **Tuesday, December 15, 2009 through Saturday, December 19, 2009**, and only during the times noted below:

Properties with no age restriction: 1:00 p.m. – 4:00 p.m.

Properties with age restriction for individuals age 62 years and older: 9:00 a.m. – 12:00 p.m.

Applications cannot be completed on site. Applications may be dropped off during the times noted above. You must apply for each property that you wish to live at separately.

Applicants must meet the following basic conditions requirements to get on the waiting list:

1. Minimum Income Limits (two times the rent amount)
2. Maximum Income Limits (specific to the property as noted on the advertisement)
3. Household Composition, (i.e. bedroom size, age, or other restrictions if applicable)

Only complete applications will be added to the waitlist. Please read the form thoroughly.

AFTER WAITING LIST OPENING PERIOD ENDS

Within two weeks after the deadline, the information provided on the applications will be reviewed, and all eligible applicants meeting the required conditions will be placed into a database. The placement order on the waiting list will be determined by a lottery through a computerized lottery system. All applicants will be notified of their placement order by mail beginning the week of January 18, 2010. Any applicant who does not get on the wait list will also be notified in writing.

REASONABLE ACCOMMODATION

Property Management, Inc. has a procedure for persons with disabilities to request a reasonable accommodation. Reasonable accommodations will be reviewed based on each individual's personal needs. A copy of the policy and form is available upon request from the onsite management staff. We will base our decisions on whether the accommodation being requested will accomplish in removing the barriers that hinder a person with disabilities from renting the unit. A person with a disability shall be provided reasonable accommodation to the extent necessary to provide a person with a disability with an opportunity to apply in a manner equal to that of a person without a disability. If you wish to discuss a reasonable accommodation request further please contact the onsite staff.

APARTMENT RENTAL APPLICATION

Property Name: _____

EQUAL HOUSING OPPORTUNITY

NOTE: Housing Authority of the County of Santa Clara and Property Management, Inc managed communities are all non-smoking facilities and you will be required to sign a non-smoking addendum at the time you sign your lease.

Head of household name: _____ Home Phone : _____ Work Phone: _____

Current Address: _____ City/State/Zip: _____

Do you have a Section 8 voucher? _____ If so, voucher bedroom size? _____.

How did you hear about property? Please check (√) HACSC Website Newspaper other: describe _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS: PLEASE NOTE: ALL OF THE FOLLOWING QUESTIONS/INFORMATION MUST BE ANSWERED.

1. List the Head of Household name and all other member's names who are applying to live in the unit.

Member	Full Name	Relationship	Birth date	Sex	F/T student	Social Security #	Drivers License #
Head		Self			Y N		
1					Y N		
2					Y N		
3					Y N		
4					Y N		
5					Y N		
6					Y N		
7					Y N		

1a. Has anyone in the household ever used any name other than the name listed on this Rental Application? YES _____ NO _____
If yes, please list the other names used : _____

2. Ethnicity of Head of Household: (Used only for statistical purposes)
Caucasian - Black - Native American/Alaskan - Asian/Pacific Islander

3. Ethnicity of Head of Household: (Used only for statistical purposes) Hispanic or Non-Hispanic

4. Is the Head of Household, or spouse, or any of the other household members listed above a person with a disability? YES or NO
(If yes please list the name (s) _____
And if yes, do you require a disabled/modified unit? Yes or No (i.e. wheelchair accessible, roll in shower, etc.)

5. List any other special needs your family requires? _____

6. Are you now living in a federally subsidized housing unit? Yes or No

INCOME AND ASSET INFORMATION : PLEASE NOTE: ALL OF THE FOLLOWING QUESTIONS MUST BE ANSWERED. FOR EACH " YES " ANSWER PLEASE PROVIDE DETAILS IN THE CHARTS BELOW.

DO ANY APPLICANTS LISTED IN THIS RENTAL APPLICATION?

(CIRCLE ONE)

1. Work full-time, part-time or seasonal? YES NO
2. Expect to work for any period during the next year? YES NO
3. Work for someone who pays you cash ? YES NO
4. Expect a leave of absence from work due to lay-off, medical, maternity or military leave? YES NO
5. Now receive or expect to receive unemployment benefits? YES NO
6. Now receive or expect to receive child support? YES NO
7. Entitled to child support that he/she is not receiving? YES NO
8. Now receive or expect to receive alimony? YES NO
9. Have an entitlement to receive alimony that is not currently received? YES NO
10. Now receive or expect to receive public assistance (welfare, GA)? YES NO
11. Now receive or expect to receive Social Security or SSI benefits? YES NO
12. Now receive or expect to receive income from a pension or annuity? YES NO
13. Now receive or expect to receive regular contributions from organizations or from other individuals not applying to live in the unit ? YES NO
14. Have an interest earnings checking or savings account, certificates of deposit, stocks or bonds? YES NO
15. Own Real Estate or any other asset: YES NO
If you own Real Estate, do you receive rental income? YES NO
If so, how much \$_____
16. Have sold or given away real estate property or any other assets (including cash) in the past two years? YES NO

Member #	Source of Income	Name of Company	Address, City State Zip Code	Telephone #	Fax #	Annual Income

ASSETS: LIST ALL CHECKING, SAVINGS, ACCOUNTS (INCLUDING IRAs, KEOGH ACCOUNTS CERTIFICATES OF DEPOSIT, REAL ESTATE, STOCKS/BONDS) FOR ALL HOUSEHOLD MEMBERS).

Member #	Bank Name	Address	Telephone #	Fax #	Type of Account	Account Number	Balance

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EXPENSES SECTION IS ONLY FOR FEDERALLY SUBSIDIZED HOUSING COMMUNITIES NOT TAX CREDIT PROGRAM COMMUNITIES:

EXPENSES

1. Do you have out of pocket child care expenses for a child 12 years of age or younger? YES or NO
If yes, provide the name, telephone number of the child care provider and the amount you pay them:
Name: _____ address: _____ Amount you pay \$ _____
2. Do you pay for a care attendant and/or any equipment necessary to permit any disabled household member(s) to work? YES or NO
If yes, provide the care attendant's name, address, telephone number and the amount you pay them:
Name: _____ address: _____ Amount you pay \$ _____
3. Does any elderly member have out of pocket costs for medical insurance? YES or NO
If yes, provide the name and address of carrier, and policy number: Name of Carrier: _____
address: _____ policy# _____ Amount you pay \$ _____
4. Does any elderly member have outstanding medical bills? YES or NO
If yes, please list them here: _____
5. Does any elderly member expect to incur medical expenses in the next twelve months? YES or NO
If yes, please list the type of medical expenses here: _____
6. Does any elderly member use the same pharmacy regularly? YES or NO
If yes, list member name, and pharmacy's name and address: Name of elderly member: _____
Pharmacy Name: _____ address: _____

PERSONAL REFERENCES: PLEASE PROVIDE THE NAME, ADDRESS & PHONE NUMBER OF TWO PERSONAL REFERENCES: (You may provide a relative or someone who knows you well)

Name: _____ address: _____
Name: _____ address: _____

EMERGENCY CONTACT (person that you provide permission for us to contact in the event you become incapacitated)

Name: _____ Relationship: _____
Address: _____ Telephone #: _____

RENTAL HISTORY (Rental History for 5 years. If more space is needed please attach an additional sheet to this application)

PRESENT ADDRESS: _____
Street Address City State Zip Code
Dates: From _____ to _____ Monthly Rent Payment \$ _____ Reason for Moving _____

PRESENT LANDLORD: _____ Landlord Telephone #: _____
First and Last name
Present Landlord Address: _____ Reason for Moving: _____
Street City State Zip Code

FORMER ADDRESS: _____
Street Address City State Zip Code
Dates: From _____ to _____ Monthly Rent Payment \$ _____ Reason for Moving _____

FORMER LANDLORD: _____ Landlord Telephone #: _____
First and Last Name
Former Landlord Address: _____ Reason for Moving: _____
Street City State Zip Code

Has anyone in your household ever left an unpaid rent balance or been evicted from any lease premises? YES NO

If yes, what was the date and reasons: _____

Has anyone in your household ever been arrested? YES NO

If yes, provide the following information:

Name of Household	Date charged	Charged with:	City & State	Court Name

What action was taken if convicted: _____

Does anyone in your household have a history of drug abuse, including alcohol: YES NO

If yes provide the following information:

Name of Household	Use Drugs or Alcohol?	Past or Current User?	Undergone Rehab for such abuse? Yes or No	Name of clinic or facility where treatment took place

APPLICANT CERTIFICATION

I / We understand that the above information is being collected to determine my/our eligibility. I/we understand the Housing Authority of the County of Santa Clara and/or Property Management, Inc. will need to verify all information provided on this application, i.e., income/assets & landlord references, and that a credit and criminal background will be performed to determine my/our eligibility. The information collected may be released to appropriate Federal, State, or local agencies. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under Federal law and can be cause for denial of accepting this application for housing.

WARNING! Section 1001 of title 18 of the U.S. Code makes it a **CRIMINAL OFFENSE** to make willful, false statements or misrepresentation to any department or agency of the U.S. as to any matter within its jurisdiction.

Signature of Head of Household

Date

Signature of Spouse or Co-Head

Date

Signature Member 18 years and older

Date

Signature Member 18 years and older

Date

Signature Member 18 years and older

Date

Signature Member 18 years and older

Date

Signature: Authorized Management Representative

Date

For office use only

Date & Time Application Received	Received by: (Name of Employee)