MONTECITO APARTMENTS RENTAL APPLICATION

Instructions: Please complete ALL sections of this application. Please do not leave any questions blank; please do not use White Out. ALL adult household members (18 and over) must sign the application. Submitting multiple copies will be cause for rejection. Please notify the management office if you need application assistance such as large type font, information by audio tape, computer disk, Braille and/or a language other than English. Best efforts will be made to accommodate such requests.

Primary Language: (Arabic) عربي □ ; (Cantonese) 廣東話 □ ; (Mandarin) 官话 □ ; (Korean) 한국어 □ ; (Russian) русский □ ; (Spanish) Español □ ; (Tagalog) Tagalog □ ; (Vietnamese) Tiếng Việt □ ; Other □

Occupancy Limits (To qualify for each of the unit sizes, please note the minimum and maximum persons required for each unit size.) *Please see the Tenant Selection Plan for additional information regarding occupancy guidelines:*

0 Bedroom: 1 person min, 2 people max, **1 Bedroom**: 1 person min, 2 people max

1. PLEASE CHECK BEDROOM SIZE REQUESTED: □ 0 Bedroom □ 1 Bedroom

2. How did you hear about this property? □ Flyer □ Walk-by □ Internet □ Newspaper □ Friend □ Comm. Center. □ Other_____

Household Information

List ALL household members that are applying to live in the apartment. Any household member that is under the age of 18 and will reside in the household 50% of the time or more must be listed. *(Be sure to include your own name. Failure to provide accurate and complete contact information may result in application denial).*

Last Name	First, Middle Initial	Relationship to Head of Household	M/F *(Optional)*	Social Security Number	Birthdate *MM/DD/YYYY*

CURRENT CONTACT INFORMATION (Required)

Current Address: _____

_____

Mobile Phone: _____ **Other Phone:** _____

Email Address: _____ **Other Contact:** _____

Reasonable Accommodation Information

The Montecito Apartments has accessible units and/or units with accessible features. Applicants may inquire about features of these units by contacting the management office at (323) 469-9582.

1. Do you require that your apartment be designed for the disabled/mobility impaired? □ Yes □ No

- Please check if applies: □ Mobility □ Vision □ Hearing
- Please explain the required modification needed: _____

A person with a disability may ask for:

- A change in rules (reasonable accommodation)
- A physical change to their apartment or shared areas in the building (reasonable modification)
- An accessible apartment
- Aids and services to help them communicate with us

If you or anyone in your house has a disability and needs any of these things to live at The Montecito and use our services then please contact the management staff to fill out a form called a 'Reasonable Accommodation or Modification Form.'

Other Household Information

1. ☐ Please check here if you have been displaced by governmental action or if your dwelling has been destroyed as a result of a disaster formally recognized pursuant to federal disaster relief laws. (*Third –party verification will be required).*
2. The Montecito is a non-smoking property. Each applicant 18+ must initial below to acknowledge that you understand smoking will not be permitted throughout the property up to the property line.

_____ _____ _____
Initials HOH Initials Initials

3. Are you currently working with a Case Worker or an Agency that you would like us to be aware of or contact as you apply?
   Agency Name: _____ Case Worker Name: _____

   Agency/Case Worker Phone: _____ Email: _____

4. We are required to adhere to Federal Fair Housing laws and to encourage a balanced resident population at The Montecito. This housing is offered without regard to race, color, religion, sex, gender, gender identity and expression, family status, national origin, marital status, ancestry, age, sexual orientation, disability, source of income, genetic information, arbitrary characteristics, or any other basis prohibited by law. Therefore, we appreciate your checking the appropriate boxes below regarding your race/ethnicity. You are not obligated to provide this information. If you choose not to disclose, please indicate below.

☐ **Black/African American**	☐ **Asian**		☐ **Native Hawaiian /Other Pacific Islander**
☐ **White/Caucasian**	☐ *Asian India*	☐ *Japanese*	☐ *Native Hawaiian*
☐ **Hispanic**	☐ *Chinese*	☐ *Korean*	☐ *Guamanian or Chamorro*
☐ **American Indian/ Alaska Native**	☐ *Filipino*	☐ *Vietnamese*	☐ *Samoan*
☐ **Other**		☐ *Other Asian*	☐ *Other Pacific Islander*
☐ **Non-Disclosed**			

Current Residence

1. What is your current monthly rent? $ _____ /month
2. Why do you intend to vacate your current residence?_____
3. What is the size of your current residence? # of Bedrooms _____ (Please indicate "0" for a studio unit)

		YES	NO
1.	**Do you expect any additions to the household within the next 12 months?**	☐	☐
	Name & Relationship: _____		
	Explanation: _____		
2.	**Is there anyone living with you now who would not be living with you at this property?**	☐	☐
	Name & Relationship: _____		
	Explanation: _____		
3.	**Do you or any household members own a car? If yes, how many cars? Number of cars: _____**	☐	☐
4.	**Are there any absent household members who under normal conditions would live with you?** *(For example, a household member away at school or deployed in the military.)*	☐	☐
	Explanation: _____		

Household Background Information

	YES	NO
1. Have you or anyone else named on this application filed for bankruptcy?	☐	☐
Explanation: _____		
2. Have you or anyone else named on this application been convicted of a felony?	☐	☐
Explanation: _____		
3. Have you or anyone else named on this application been evicted from a rental unit of any type including an apartment, home, mobile home or trailer?	☐	☐
Explanation: _____		
4. Have you or anyone else named on this application been convicted of drug/paraphernalia use, possession or distribution?	☐	☐
Explanation: _____		
5. Are you or any member of your household in need of immediate relocation due to domestic violence, dating violence, sexual assault, or stalking?	☐	☐
Explanation: _____		

Rental History and Housing References

Please list all locations you have lived in the last **FIVE (5) years starting with the address PRIOR to your current residence listed above.** In addition please list **ALL** states where household members have lived. *(If additional space is required, use the back of this page.)*

Landlord's Name/Address	Your Address	Own/Rent	Dates
(1) Name: _____	_____	**Own** ☐	**From:** _____
Address: _____	_____	**Rent** ☐	**To:** _____
_____	_____		
Phone: ( )			
(2) Name: _____	_____	**Own** ☐	**From:** _____
Address: _____	_____	**Rent** ☐	**To:** _____
_____	_____		
Phone: ( )			

Applicant Status

	YES	NO
1. Are you or any other ADULT household members claiming zero income?	☐	☐
Explanation: _____		
2. Will you or any ADULT household member require a live-in care attendant to live independently?	☐	☐
Name of Attendant: _____		
Relationship *(if any)*: _____		

	YES	NO
3. Do you currently, at the time of application, receive Section 8 rental assistance?	☐	☐
Name of Agency: _____		
Contact Person: _____		
4. Do you currently have or are you expecting a Section 8, Choice Voucher, V.A.S.H., or other Voucher?	☐	☐
Expected Date: _____		
Name of Agency: _____		
Contact Person: _____		

Full Time Student Information

This apartment is governed by Federal and/or State Housing Program(s) that restrict full-time students. We must determine your household student status prior to eligibility and, if such eligibility is granted, each subsequent year you remain in the unit.
If unsure of Full-Time status, inquire with academic institution for determination of "Full-Time" prior to completing the following section.

	Y	N		Y	N
Are you or any member of your household above (including minors) currently a Full-Time Student?	☐	☐	Do you or any member of your household above (including minors) anticipate becoming a Full-Time Student?	☐	☐

If Yes to either question, complete the following:

	Y	N		Y	N
Any of the Full-Time Student(s) married and filing a joint tax return?	☐	☐	Any of the Full-Time Student(s) enrolled in a Job Training Program receiving assistance under the Job Training Partnership Act?	☐	☐
Any Full-Time Student(s) a single parent living w/ his/her minor child who is not claimed on another's Tax Return?	☐	☐	Any of the Full-Time Student(s) a TANF or Title IV recipient?	☐	☐
			Any Full-Time Student(s) under the age of 24, who has exited the Foster Care System within the last 6 years?	☐	☐

Income Information

Income is counted for anyone 18 or older (unless legally emancipated). However, if the income is unearned income such as a grant or benefit, it is counted for all household members including minors.

PLEASE PROVIDE THE TOTAL Household's ANNUAL GROSS INCOME: $_____

Answer the questions in this section to provide the source(s) of all household income. Include all income anticipated for the next 12 months. Use the back of this form if you need more space.

Do YOU or ANYONE in your household receive OR expect to receive income from:

	YES	NO
1. Employment wages or salaries? *(Include overtime, tips, bonuses, commissions and payments received in cash. Use an additional page to add additional employment income sources.)*	☐	☐
2. Social Security, SSI or any other payments from the Social Security Administration?	☐	☐
3. Are you receiving regular payments from a pension, retirement benefit or annuities? How many and from what source(s)? _____	☐	☐
4. Regular gifts or payments from anyone outside of the household? *(This includes anyone supplementing your income or paying any of your bills, utilities, groceries, or other expenses.)*	☐	☐
5. Self-employment? (*Include overtime, tips, bonuses, commissions, and any payments received in cash for any service that you provide to persons not living in the household.)*	☐	☐
6. Alimony or child support? *(Include any support whether or not it is received and/or whether or not it is court-ordered.)*	☐	☐

		YES	NO
7.	**Any other income sources or types not listed?** (e.g., pay as a current member of the Armed Forces, unemployment benefits or workers' compensation, public assistance or general relief, payments from a severance package, payments from any type of settlement, payments from rental property or other types of real estate transactions, payments from lottery winnings or inheritances, etc.) **Use the additional space provided on #9 below if you need more space.**	☐	☐

Explanation: _____

_____

8.	**Do you or any other household member expect any changes to your income in the next 12 months?**	☐	☐

Explanation: _____

9. **Please provide notes on any other income sources here.**

_____

Asset Information

Include all assets held and **the income derived** from the asset. INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS.

Answer the questions in this section to provide the source(s) of all household assets. Use the back of this form if you need more space.

Do YOU or ANYONE in your household have:

		YES	NO
1.	**Checking account(s)? (All accounts including Direct Express cards)** How many? _____ Name of institution(s): _____	☐	☐
2.	**Savings account(s)?** How many? _____ Name of institution(s): _____	☐	☐
3.	**CDs, money market accounts or treasury bills?** How many? _____ Name of institution(s): _____	☐	☐
4.	**Cash on hand?** This is cash not kept in a bank account.	☐	☐
5.	**Real estate, rental property, land contracts/contract for deeds or other real estate holdings?** *(This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property.)*	☐	☐

Explanation: _____

6.	**Personal property held as an investment?** *(This includes paintings, coin or stamp collections, artwork, collector or show cars, and antiques. This does not include your personal belongings such as your car, furniture or clothing.)*	☐	☐

Explanation: _____

7.	**All other asset sources or types not listed?** Include name of institution where the asset is held, type of asset, value of asset, and any interest or income from the asset.(i.e. Stocks, bonds or securities, trust funds, pensions, IRAs, Keogh or other retirement accounts, whole life insurance, contents of a safe deposit box, etc.)	☐	☐

Explanation: _____

	YES	NO
8. Have you disposed of an asset in the last two years? *(Example: Cash over $1000, a home, other real estate, etc.)*	☐	☐

Explanation: _____

9. Please provide notes on any other asset sources here.

_____

Community Interest

1. We are providing extensive recreation facilities and activities at this property for the enjoyment of our residents. Since we are always looking for assistance to coordinate special programs and activities, we would appreciate a brief description of your skills, interests, hobbies and any assistance/leadership you might provide to these programs (optional).

   _____

   _____

   _____

2. **Drug and Crime Free Acknowledgement:** Your initials below will acknowledge that you understand that this apartment community will vigorously enforce a drug and crime free environment. You and your guests agree not to engage in any drug-related activity, including the manufacture, sale, distribution, use, or possession of illegal drugs. These activities are a material violation of the lease and good cause for termination of tenancy. Each household member 18+ adult initials below.

   _____ _____ _____
   HOH Initials Initials Initials

U.S. Citizenship

	Name of Family Member	Are you a U.S. Citizen or Permanent U.S. Resident?	
Head of Household		Yes	No
Other Adult		Yes	No
Other Adult		Yes	No

Credit Information

PLEASE SIGN BELOW TO AUTHORIZE A CREDIT REPORT, EVICTION REPORT, AND CRIMINAL BACKGROUND CHECK. Management will perform a credit and eviction history and may perform a criminal background check of all applicants as a part of the applicant screening criteria. **Your application will not be considered unless you provide management with your consent to obtain a credit, eviction, and criminal background report on each adult household member.**

_____ _____
Head of Household Signature **Date**

_____ _____
Other Adult Signature **Date**

_____ _____
Other Adult Signature **Date**

Signature Clause

Upon notification by landlord of application processing, I agree to pay The Montecito an application screening charge in the amount required by landlord. I will be issued a Receipt for Application Fee upon payment; which will authorize The Montecito to obtain any such credit reports, character reports and/or criminal reports, verification of rental and employment history as it deems necessary to verify all information set forth in this application. I understand that I will acquire no rights to the above property until I sign a rental agreement and submit a security deposit. I further understand that false, fraudulent misleading or incomplete information may be grounds for denial of tenancy or subsequent eviction. There are no other agreements express or implied between the parties.

I understand that management is relying on this information to prove my household's eligibility for housing at The Montecito I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I understand that providing false or misleading 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 for purposes of proving my eligibility for occupancy. 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 any low-income housing program requirements.

In accordance with state and federal laws, I have been notified that an investigation may be made of the information I provided on this application together with information as to my character, general reputation, personal characteristics, and mode of living. I understand that I have the right to dispute the accuracy of information obtained from the entities I have disclosed above, and, upon written request, the right to a complete and accurate disclosure of any scope of this investigation and/or a written summary of my rights under the Fair Credit Reporting Act.

All household members <u>must</u> sign below:

_____	_____
Head of Household Signature	**Date**
_____	_____
Other Adult Signature	**Date**
_____	_____
Other Adult Signature	**Date**

FOR MANAGEMENT USE

Date received by Management: _____ Received by: _____

WARNING: "Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the **Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).**