

GOLDWARE SENIOR HOUSING PRE-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) 广东话 ; (Mandarin) 普通话 ; (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:

1. **1 Bedroom:** 1 person min, 3 people max **2 Bedroom:** 2 person min, 4 people max,
2. PLEASE CHECK BEDROOM SIZE REQUESTED: 1 Bedroom 2 Bedroom
3. 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)

What is your preferred method of being contacted? Mail E-mail

Current Address: _____

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

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

Reasonable Accommodation Information

Goldware Senior Housing has accessible units and/or units with accessible features. Applicants may inquire about features of these units by contacting the management office at (951) 351-1234 or TTY: 1 (800) 855-7100

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 Goldware Senior Housing 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

- 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*).
- 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: _____

- Do you currently have or are you expecting a Section 8 Choice Voucher, V.A.S.H. or any other Voucher? _____

- We are required to adhere to Federal Fair Housing laws and to encourage a balanced resident population at Goldware Senior Housing. 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.

- | | | |
|--|--|---|
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander |
| <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> Asian India <input type="checkbox"/> Japanese | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Chinese <input type="checkbox"/> Korean | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Filipino <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other Asian | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> Non-Disclosed | | |

Income and Asset 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:

\$ _____

Please list all current sources of income for all household members:

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

PLEASE PROVIDE THE TOTAL Household's ANNUAL GROSS INCOME FROM ASSET:

\$ _____

Please list all current assets for all household members:

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.			
Are you or any member of your household above (including minors) currently a Full-Time Student?	Y <input type="checkbox"/>	N <input type="checkbox"/>	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:			
Any of the Full-Time Student(s) married and filing a joint tax returns?	Y <input type="checkbox"/>	N <input type="checkbox"/>	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?	Y <input type="checkbox"/>	N <input type="checkbox"/>	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?

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	Other Adult Signature	Date

Signature Clause

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 Goldware Senior Housing. 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 must sign below:

_____	_____	_____	_____
Head of Household Signature	Date	Other Adult 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).**”

