

**THINGS YOU SHOULD INCLUDE WITH YOUR APPLICATION  
WHEN GIVING THEM TO APPLICANTS**

- **SITE INFORMATION SHEET**
- **APPLICATION**
- **INFORMATION ON ITEMS NEEDED WHEN RETURNING APPLICATION**

**Applicant Should Submit The following When They Return The Applications**

- ✓ **Copy of Social Security card**
  - ✓ **Copy of All Bank Statements**
  - ✓ **All assets, CD's, Property, insurance, trusts, money markets etc...**
  - ✓ **Copy of Medical or Medicaid card**
  - ✓ **Drivers License or Picture ID (Calif. ID)**
-

**INCOMPLETE APPLICATIONS WILL NOT BE  
ACCEPTED OR PROCESSED**

**MIRA VISTA VILLAGE  
2700 E. PONDEROSA AVE. CAMARILLIO, CA (PHONE#)  
APPLICATION**

**(Please Complete Entire Form)**

*Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements or misrepresentations of any material fact involving the use of or obtaining federal funds.*

**Please Print**

|                  |         |            |                     |
|------------------|---------|------------|---------------------|
| Name (Last)      | (First) | (Middle)   | Social Security#    |
| Address (Street) | (City)  | (Zip Code) | ( )<br>Phone Number |

|                  |         |            |                     |
|------------------|---------|------------|---------------------|
| Name (Last)      | (First) | (Middle)   | Social Security#    |
| Address (Street) | (City)  | (Zip Code) | ( )<br>Phone Number |

1. Have you, your spouse, co-applicant or other household member ever used different names for the names shown above?  YES  NO If yes, please list names used and dates when such names were in use: \_\_\_\_\_
  
2. Have you, your spouse, co-applicant or other household member ever been evicted or otherwise removed from rental housing?  YES  NO If yes, please provide landlord name, address and dates: \_\_\_\_\_
  
3. Has any place where you, your spouse, co-applicant or other household member were living been destroyed or damaged by fire?  YES  NO If yes, please provide details: \_\_\_\_\_

**HOUSEHOLD COMPOSITION AND CHARACTERISTICS**

List all persons, including your self, who will reside in the apartment. *Note:* The number in the left-hand column is the household member number and is the number requested in the remaining sections of this application.

| Full Name | Sex | Age | Birth Date | Relations-ship | U.S. Citizen? (Yes/No) | Alien Number | Driver's License # | Student Status |
|-----------|-----|-----|------------|----------------|------------------------|--------------|--------------------|----------------|
| HH        |     |     |            |                |                        |              |                    |                |
|           |     |     |            |                |                        |              |                    |                |
|           |     |     |            |                |                        |              |                    |                |

**Applying to Program Qualified Elderly Complexes**

**Applicable Definitions of Elderly and Disabled in determining Project Eligibility**

**Elderly Household means:** [24 CFR 5.403]

- Families of two or more persons, the head of which (or his or her spouse) is 62 years of age or older;
- A single person who is 62 years of age or older; or

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- Two or more elderly persons living together or one or more such persons living with another person who is determined by HUD, based upon a licensed physician's certificate provided by the family, to be essential to their care or well-being.

**Persons With Disabilities means:** [24 CFR 891.505]

- Families of two or more persons the head of which (or his or her spouse) is a person with disabilities (handicapped);
- A single person with disabilities (handicapped persons) living together, or one or more such persons living with another person who is determined by HUD, based upon a licensed physician's certificate provided by the family, to be essential to their care or well-being.

required for eligibility in a particular project) will not be considered to be disabled for the purpose of the Section 202 program.

**Non-elderly Disabled (handicapped) Family.** [24CFR 891.505]

- A non-elderly disabled (handicapped- family means a disabled family in which the head of the family (and spouse, if any) is less than 62 years of age at the time of the family's initial occupancy of a project.

YES  NO  Do you meet the qualifications stated above?

YES  NO  Is any member of your household a full-time student?

YES  NO  Will you require a parking space?

1. Will any of the above household members live anywhere except the apartment?  YES  NO   
Are there any other persons who will live in the apartment on a less than full-time basis?

YES  NO  If either question is answered yes, please explain \_\_\_\_\_

**Income from Employment (if applicable)**

List all full-time, part-time, and/or seasonal employment for head, spouse/co-applicant and other household member age 18 or older, including the self-employed.

| Mem. # | Name of Company | Employer Address | Employer Telephone | Supervisor | Est. Total Earned Annual Income |
|--------|-----------------|------------------|--------------------|------------|---------------------------------|
| HH     |                 |                  |                    |            |                                 |
|        |                 |                  |                    |            |                                 |
|        |                 |                  |                    |            |                                 |

**Income from Other Sources**

List non-employment income for all household members. This includes, interest, dividends, income from rental property, social security, pensions, public assistance, SSI, unemployment compensation, alimony, child support, workers compensation, disability compensation, recurring gift, the portion of educational grant and scholarships allotted for subsistence and all other income.

| Mem. # | Type of Income and Who Pays | Address of Source of Income | Contact Person Name & Telephone | Est. Total Earned Annual Income |
|--------|-----------------------------|-----------------------------|---------------------------------|---------------------------------|
| HH     |                             |                             |                                 |                                 |
|        |                             |                             |                                 |                                 |
|        |                             |                             |                                 |                                 |
|        |                             |                             |                                 |                                 |
|        |                             |                             |                                 |                                 |

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**Asset Income**

List all checking & saving accounts (including IRA's, Keogh accounts, Certificates of Deposit, Real Property and Money Market accounts), the value of all stocks, bonds, trusts, pensions; or other assets, the value of any assets dispose of for less than their fair market Value during the past two (2) years of all household members.

| Mem. # | Bank or Company Name | Type of Account | Account No. | Withdrawal Penalty | Account 6mo. Average Balance | Current Balance | Current Interest |
|--------|----------------------|-----------------|-------------|--------------------|------------------------------|-----------------|------------------|
| HH     |                      |                 |             |                    |                              |                 |                  |
|        |                      |                 |             |                    |                              |                 |                  |
|        |                      |                 |             |                    |                              |                 |                  |
|        |                      |                 |             |                    |                              |                 |                  |
|        |                      |                 |             |                    |                              |                 |                  |

**Answer all questions listed below:**

The following questions pertain to you and all household members. Answer yes or no in response to each question and use the space provided to explain any yes answers.

1. YES  NO  Does any member of your household receive regular cash contributions from agencies or from individuals not living with you?
2. YES  NO  Does any member of your household receive income from assets, including interest, dividends, stocks or bonds?
3. YES  NO  Does any member of your household receive money from school-aid, scholarships, or educational grants?
4. YES  NO  Have you sold or given away any real property or other assets in the past two years?
5. YES  NO  Does any adult member of your household attend school full-time?
6. YES  NO  Do you or any other member of your household currently use an illegally controlled substance? If yes, describe.
7. YES  NO  Have you or any member of your household ever been involved in criminal activity that poses a threat to the health, safety or welfare of others? If yes, were you convicted? If yes, when and where?
8. YES  NO  Have you or any other member of your household ever been convicted of the illegal manufacture or distribution of a controlled substance? If yes, explain circumstances, outcome and present status.
9. YES  NO  Have you or any other member of your household ever applied for a government subsidized apartment before? If yes, when and where?
10. YES  NO  Have you or any other member of your household been evicted from a government subsidized apartment in the past three years for drug use or violent criminal activity? If yes, when, where and for what reason?
11. YES  NO  Are you or any other member of your household required to register with any State as "sex offender"? If yes, what state?
12. YES  NO  Do you or any other member of your household currently abuse alcohol? If yes, please explain.

**Do you or any member of your household:**

13. YES  NO  Work full time, part-time or seasonally?
14. YES  NO  Expect to work for any period during the next year?
15. YES  NO  Work for someone who pays cash?
16. YES  NO  Expect a leave of absence from work due to lay-off or medical reasons?

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17. YES  NO  Now receive or expect to receive unemployment benefits?  
 18. YES  NO  Now receive or expect to receive alimony or child support?  
 19. YES  NO  Now receive or expect to receive public assistance (welfare, TANIF, AFDC)?  
 18. YES  NO  Now receive or expect to receive Social Security benefits?  
 19. YES  NO  Now receive or expect to receive Supplemental Security Income (SSI), General Relief, or Capi benefits?  
 20. YES  NO  Now receive or expect to receive income from a pension or annuity?  
 21. YES  NO  Own real estate or other assets from which you receive no income (checking account, cash on hand, antique items, etc.)?

**Rental History**

Please enter the information requested for your current address and the two most recent prior addresses. Include housing where you were not listed on the lease and/or where you lived under a different name.

|                                      |                            |                            |                           |
|--------------------------------------|----------------------------|----------------------------|---------------------------|
| <b>Applicant Street Address</b>      | <b>City, State and Zip</b> | <b>Monthly Rent</b>        | <b>Telephone ( )</b>      |
| <b>Landlord &amp; Street Address</b> | <b>City, State and Zip</b> | <b>Applicant Utilities</b> | <b>Landlord phone ( )</b> |
| <b>Names of Household Members</b>    |                            |                            |                           |
| <b>Move-in date:</b>                 | <b>Move-out date</b>       | <b>Security Deposit \$</b> |                           |
| <b>Applicant Street Address</b>      | <b>City, State and Zip</b> | <b>Monthly Rent</b>        | <b>Telephone ( )</b>      |
| <b>Landlord &amp; Street Address</b> | <b>City, State and Zip</b> | <b>Applicant Utilities</b> | <b>Landlord phone ( )</b> |
| <b>Names of Household Members</b>    |                            |                            |                           |
| <b>Move-in date:</b>                 | <b>Move-out date</b>       | <b>Security Deposit \$</b> |                           |
| <b>Applicant Street Address</b>      | <b>City, State and Zip</b> | <b>Monthly Rent</b>        | <b>Telephone ( )</b>      |
| <b>Landlord &amp; Street Address</b> | <b>City, State and Zip</b> | <b>Applicant Utilities</b> | <b>Landlord phone ( )</b> |
| <b>Names of Household Members</b>    |                            |                            |                           |
| <b>Move-in date:</b>                 | <b>Move-out date</b>       | <b>Security Deposit \$</b> |                           |
| <b>Applicant Street Address</b>      | <b>City, State and Zip</b> | <b>Monthly Rent</b>        | <b>Telephone ( )</b>      |
| <b>Landlord &amp; Street Address</b> | <b>City, State and Zip</b> | <b>Applicant Utilities</b> | <b>Landlord phone ( )</b> |
| <b>Names of Household Members</b>    |                            |                            |                           |
| <b>Move-in date:</b>                 | <b>Move-out date</b>       | <b>Security Deposit \$</b> |                           |

**Utility Payment History**

List the names of all utility companies with which you now have or have had accounts at the two most recent previous addresses.

| <b>Name of Utility Co.</b> | <b>Type (Electric, Gas, etc.)</b> | <b>Name of Acct. Holder</b> | <b>Property Address</b> |
|----------------------------|-----------------------------------|-----------------------------|-------------------------|
|                            |                                   |                             |                         |
|                            |                                   |                             |                         |
|                            |                                   |                             |                         |



**Race and Ethnicity of Head of Household (optional)**

HUD requires us to report the race and ethnicity of the Head of Household for all applicants. We request your cooperation in completing the following questions. This response is *optional* and your entry will have no bearing on your eligibility for housing. Put a check ✓ in the correct box.

- White not of Hispanic Origin       Black not of Hispanic Origin       Asian or Pacific Islander
- Hispanic       Other       American Indian or Alaskan Native

**Reference and Physician Information (optional)**

Please provide the name, address and phone number of two (2) Personal References that are not related to you.

1. \_\_\_\_\_ 2. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please provide the name, address and phone number of your primary physician and social worker (if applicable)

Physician \_\_\_\_\_ Social Worker \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Emergency Information**

Name and address of nearest relative **NOT** living with you.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Phone No. \_\_\_\_\_  
 Work Phone No. \_\_\_\_\_  
 Relationship \_\_\_\_\_

**Student Status**

- YES  NO  Are any occupants of the household full time students?
- If YES, to the above, please answer the following:**
- YES  NO  Is the household comprised of a single parent with school age child(ren) none of whom are dependents of a third party?
- YES  NO  Are the Head of Household and co-applicant married and do they file a joint income tax return?
- YES  NO  Does the household receive AFDC or TANIF?
- YES  NO  Are any of the students participating in the Job Training Partnership Act?

**Application Certification Statement by All Adult Household Members**

We certify that all information given in this application is true, complete and accurate. We understand that if any of this information is false, misleading or incomplete, management may decline our application or, if move-in has occurred, terminate our Rental Agreement.

We authorize the Property to make any and all inquiries to verify this information either directly or through information exchanged now or later with rental/credit and criminal screening services, law enforcement agencies and to contact previous and current landlords or other sources for credit and criminal verification confirmation which may be released to appropriate federal, law enforcement agencies and state or local agencies.

If our application is approved and move-in occurs, we certify that only those persons listed in this application will occupy the apartment, that they will maintain no other place of residence and that there are no other persons for whom we have or expect to have responsibility to provide housing.

We agree to notify management in writing regarding any changes in household address, telephone numbers, income and household composition.

We have been notified that the Resident Selection Plan is available for review on request.

We understand that this application may be placed on a Waiting List if there are currently no available apartments. If this application is approved and move-in occurs, we certify that we will accept and comply with all conditions of occupancy as set forth therein, including specifically all conditions regarding pets, rent, damages, annual recertification, Security Deposits and all Housing and Urban Development (HUD) regulations regarding eviction for Drug Abuse and other Criminal Activity .

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We authorize management to obtain one or more "consumer reports and criminal reports" as defined in the Fair Credit Reporting Act 15 U.S.C. Section 1681a(d) and the Federal Register 24 CFR Parts 5 et al, dated May 24, 2001, seeking information on our creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics, eviction, drug and criminal activity or mode of living.

If this application is for a household of more than one person, we consider ourselves a stable household, and all of our income is available for its needs.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse or Co-head

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Date

Acceptance of completed application by Management

\_\_\_\_\_  
Signature of Management Representative

\_\_\_\_\_  
Date

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