

Application for Admission and Rental Assistance

Name _____ Address _____
 Phone _____ Email _____ Date of Application _____ Time of Application _____



Florin Gardens Cooperative East #1

2471 57th Ave., Sacramento, CA 95822,

Phone: 916-391-7880

<https://www.fge1.com>

PLEASE NOTE: The information you provide on this application will be treated as confidential. It includes both information necessary for determining your eligibility for housing, and information required for statistical purposes. The race, ethnicity, and gender information is requested in order to assure the Federal government that Federal laws prohibiting discrimination against applicants are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. Please answer each question as completely as possible. Any information found to be incomplete and/or falsified will cause the application to be denied and not processed.

For marketing purposes, please let us know how you heard of us:

____ Newspaper Ad ____ Drove by ____ Resident Referral ____ Word of Mouth ____ Web Site ____ Other: _____

State your current living situation:

____ Own my Home ____ Live with Friend/Family ____ Renting ____ Lacking Nighttime Residence ____ Fleeing Violence

List all States you or any household member have lived in: _____

Applicant Household Information: List below all of the people you expect to live in your household at Move-In.

| Full Name | Relationship to Head of Household (HOH) | Race White/Caucasian Black/African-Amer. Asian Am. Indian/AK Native Hawaiian/Pacific Is. Other Leave blank if you wish not to report | Ethnicity Hispanic Non-Hispanic Leave blank if you wish not to report | Citizenship Enter one of the following: Citizen Immigrant/ Refugee Visa Holder | Gender Male Female Leave blank if you wish not to report | Date of Birth | Social Security Number | Student of Higher Education Yes or No |
|-----------|---|---|--|---|---|---------------|------------------------|--|
| | HOH | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Rental History (Leave blank if you currently own your home)

| | |
|--------------------------------|--|
| Present Landlord/Contact Name | |
| Address | |
| Phone | |
| Move In and Move Out Dates | |
| Reason for Leaving | |
| Previous Landlord/Contact Name | |
| Address | |
| Phone | |
| Move In and Move Out Dates | |
| Reason for Leaving | |

Please answer each of the following questions:

- ____ YES ____ NO Are you expecting any future additions to your family due to pregnancy, adoption, foster child(ren), or 50% custody of child(ren)? If yes, explain: _____
- ____ YES ____ NO Do you have a child away at school who will live at your residence during school recesses?
- ____ YES ____ NO Do you have a family member who is temporarily absent from the home due to:
- ☐ employment, ☐ military service, ☐ placement in foster care, nursing home, or hospital?
- ____ YES ____ NO Do you have a family member who is permanently confined in a nursing home?
- ____ YES ____ NO Do you have a live-in attendant for whom you have a doctor's verification showing a medical need?
- ____ YES ____ NO Are you or any member of your family currently in the US military or a US military veteran?
- ____ YES ____ NO Are you or any member of your family a victim of a recent Presidentially Declared Disaster?
- ____ YES ____ NO Do you currently live in, or have you ever lived in, Public or HUD-assisted housing, or been in HUD's Housing Choice Voucher Program? If yes, Landlord Name/Address/Date: _____
- ____ YES ____ NO Do you or any member of your household owe money to HUD, an apartment community, or previous landlord? If yes, Name/Address/Amount: _____
- ____ YES ____ NO Are you or any member of your household subject to a state lifetime sex offender registry? If so, which family member and what states? _____
- ____ YES ____ NO Have you ever committed fraud in a HUD-assisted housing program, been asked to repay money for knowingly misrepresenting information for such housing programs, or ever been evicted from rental housing? If yes, explain: _____
- ____ YES ____ NO Does a member of your household have a criminal/juvenile record? If yes, describe: _____
- ____ YES ____ NO Have you or any member of your household been convicted of a misdemeanor/felony or any crime other than a traffic violation? If yes, give details: _____
- ____ YES ____ NO Are you or any member of your household a current user of a controlled substance, including marijuana?
- ____ YES ____ NO Have you or any member of your household been convicted of the illegal manufacture or distribution of a controlled substance, including marijuana?
- ____ YES ____ NO Are you or any member of your household an abuser of alcohol, or exhibit a pattern of alcohol abuse, which has interfered with the health, safety, or right to peaceful enjoyment of your premises by other residents?
- ____ YES ____ NO Has any family member ever used any name or social security number other than the one they are currently using?

Disabled Families and Reasonable Accommodations

Elderly families are defined by HUD as families where the head, spouse, or co-head is 62 years of age, or 18 years of age and a person with disabilities. If you wish to be considered as an elderly family due to a disability, HUD requires that we receive your consent to verify your disability. In addition, persons with disabilities have the right to request reasonable accommodations, which include changes, exceptions, or adjustments to a program, service, building, dwelling unit, or workplace that will allow a qualified disabled person to participate fully in a program, take advantage of a service, live in a dwelling, or perform a job. Please complete both questions below.

- ____ YES ____ NO Are you 18 years of age and a disabled person, and give consent to have your disability verified?
- ____ YES ____ NO Do you or any family member require a special accommodation in your unit, or have need for an accessible unit? If yes, explain: _____

Total Household Income

☐ YES ☐ NO Does anyone regularly give you cash or help you financially in any way? If yes, explain: _____

☐ YES ☐ NO Does anyone regularly pay some of your bills such as utilities, rent, phone, electric/gas? If yes, explain: _____

☐ YES ☐ NO Do you receive SS benefits under someone else's number? If yes, list number: _____

Below list all money earned or received by each member of your household, such as wages, self-employment, unemployment, child support, alimony, family financial support, Social Security/SSI, Workman's Compensation, retirement benefits, pensions, trusts, annuities, AFDC, Welfare, Veterans benefits, Military Pay, insurance benefits, etc.

| Family Member Name | Employment (Rate times hours) | Monthly Public Assistance | Monthly Child Support/Alimony | Monthly SS/SSI/Pension | Weekly Unemployment | Other |
|--------------------|----------------------------------|------------------------------|----------------------------------|---------------------------|------------------------|-------|
| | \$ | \$ | \$ | \$ | \$ | \$ |
| | \$ | \$ | \$ | \$ | \$ | \$ |
| | \$ | \$ | \$ | \$ | \$ | \$ |
| | \$ | \$ | \$ | \$ | \$ | \$ |
| | \$ | \$ | \$ | \$ | \$ | \$ |
| | \$ | \$ | \$ | \$ | \$ | \$ |

Asset Information

☐ YES ☐ NO Has any household member given away any asset for less than fair market value during the past two years?
 If yes, give date and explanation: _____

☐ YES ☐ NO Has any household member sold any real estate in the last two years? If yes, describe: _____

☐ YES ☐ NO Does any household member own or have an interest in any real estate or mobile home? If yes, describe: _____

☐ YES ☐ NO Does any family member (including children) have assets such as cash, checking, savings, CDs, 401K, etc?
 If so, list in chart below.

| Account Type | Family Member Name | Account Number | Bank Name | Value | Annual Income from Asset |
|------------------------------|--------------------|----------------|-----------|-------|-----------------------------|
| Cash/Deposit Box | | | | \$ | NA |
| Direct Express Debit Card | | | | \$ | NA |
| Checking | | | | \$ | \$ |
| Savings | | | | \$ | \$ |
| CD/Stocks/Bonds | | | | \$ | \$ |
| Trusts | | | | \$ | \$ |
| Retirement Fund | | | | \$ | \$ |
| Real Estate | | | | \$ | \$ |
| Life Insurance | | | | \$ | \$ |
| Funeral Account | | | | \$ | \$ |
| Other | | | | \$ | \$ |

Eligible Deductions from Income to Reduce Rent

HUD has allowed certain deductions to be subtracted from annual income, to enable residents to pay rent based on their ability to pay. Answering the following questions regarding deductions is voluntary. Your answers will be kept strictly confidential and the information provided will be used to help us determine any eligible deductions that you may or may not qualify for.

___ YES ___ NO Does any household member 18 or older, that is not the Head/Spouse/Co-head, attend an institution of higher education either part-time or full-time?

___ YES ___ NO Does any household member pay childcare expenses to enable them to work, seek work, or attend school?

___ YES ___ NO Does any household member pay handicap expenses to enable them to work?

___ YES ___ NO Does any household member pay medical expenses? If yes, see medical deduction qualifications below.

Medical Deduction Qualifications (for Elderly Households only)

When a household has a Head or Co-head/Spouse that is disabled or elderly, that household qualifies for deductions when medical expenses are not covered by insurance and are paid out-of-pocket. If any family member qualifies for medical deductions, you may list their medical expenses below. Providing this information is voluntary, and any information provided will be kept strictly confidential.

Doctors:

| Name of Doctor | Address | Phone |
|----------------|---------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Prescription Medication Information:

| Name of Drugstore | Address | Phone |
|-------------------|---------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Over the Counter Medication/Supplies:

| Medication/Supply | Cost | Most Often Used | Number per Package |
|-------------------|-------|-----------------|--------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Medical Insurance: Do you have Medicare or Medicaid? YES ___ No ___

| Name of Company | Amount paid | How Often Paid | Deductible Amount |
|-----------------|-------------|----------------|-------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Vehicles

Make/model _____ Year _____ Color _____ Tag # _____ State _____

Vehicle registered to _____ Driver's license number _____

Make/model _____ Year _____ Color _____ Tag # _____ State _____

Vehicle registered to _____ Driver's license number _____

Emergency Contacts

In cases of emergency management requests that you provide the information below. An emergency is broadly defined as a case where management feels a resident's well being is threatened and/or where management feels a resident's actions/conduct appear to be a lease violation. Some examples of this type of emergency are non-payment of rent; perceived criminal activity against persons/property; perceived abuse of an illegal substance; behavior violating the quiet enjoyment of other residents; and, housekeeping that violates safe and sanitary rules. An emergency is also defined as an urgent need for assistance or relief, or when there are unforeseen circumstances that call for immediate action.

In Case of Emergency

First Family Member to Notify Is:

Full Name: _____ Relationship: _____ Phone: _____

Address: _____

Second Family Member to Notify Is:

Full Name: _____ Relationship: _____ Phone: _____

Address: _____

Please describe any other information that will help us to process your application:

Certification and Consent to Release of Information

NOTE: All household members 18 and older must sign this Application. By signing this application, I certify the accuracy of the information contained herein. I understand that the Department of HUD is authorized to collect this information to determine eligibility, appropriate bedroom size, and the amount my family will pay for rent. I also understand that this will be my **only** residence. I authorize management to contact my present/prior landlords for information regarding my tenancy, and to access records pertaining to me which may be on file with credit bureau authorities. I authorize a criminal background check and a check of the state/national sex offender registry for all adult family members. I understand that all information I have listed is subject to verification and that a final decision on eligibility cannot be made until all verifications are complete. I understand that it is a crime to knowingly provide false information for the purpose of obtaining or maintaining occupancy in, and/or, for the purpose of securing a lower rent in, a subsidized housing unit, and that the penalty for knowingly providing false information is up to five years in prison and/or \$10,000 fine upon conviction.

I hereby do swear and attest that all of the information herein about me is true and correct. I understand that if no unit is currently available and I am put on a waiting list, I must **update** all information about me and all family members at the time a unit is available to be offered.

Signed _____ Date _____

Signed _____ Date _____

Signed _____ Date _____

Applications are recorded according to the date of receipt. Incomplete applications will be rejected.

Managing Agent's Fair Housing and Section 504 Designated Representative

It is the policy of this company to provide housing on an equal opportunity basis. We do not discriminate on the basis of race, color, national origin, ancestry, sex, age, disability, religion, familial status, marital status, sexual orientation, gender identity, or medical condition. If you feel you have been discriminated against in the processing of this application, please call the following representative of this company:

Name Josh Berkley Title Agent for Owner Phone 916-444-9300

Address 1721 Eastern Avenue #7 Sacramento, CA 95864 Email josh@berkleymanagement.com

For Official Use Only:

Date Application Received _____ Time Received _____ Signature _____