



# PASO ROBLES HOUSING AUTHORITY

To provide quality, affordable housing, that promotes quality of life through a healthy community.

901 30th Street  
Paso Robles, CA 93446  
Phone: (805) 238-4015 Fax (805) 238-4036

OFFICE USE ONLY: Property: \_\_\_\_\_  
Date/Time: \_\_\_\_\_  
Bdrm size: \_\_\_\_\_ Hhld Size: \_\_\_\_\_  
Waitlist No: \_\_\_\_\_ AMI: \_\_\_\_\_%

## RENTAL HOUSING APPLICATION

### Applicant

|                       |     |                     |                                  |     |
|-----------------------|-----|---------------------|----------------------------------|-----|
|                       |     | <b>M / F</b>        |                                  |     |
| Name                  | Sex | Date of Birth       | Soc Sec No.                      |     |
| Address               |     | City                | State                            | Zip |
| Mailing Address       |     | City                | State                            | Zip |
| Phone # _____         |     | Message Phone _____ |                                  |     |
| Email: _____          |     |                     |                                  |     |
| Driver's Lic. # _____ |     | State _____         | Full-Time Student? ____yes____no |     |

### Co-Applicant or Other Adult Household Member

|                       |     |                     |                                  |     |
|-----------------------|-----|---------------------|----------------------------------|-----|
|                       |     | <b>M / F</b>        |                                  |     |
| Name                  | Sex | Date of Birth       | Soc Sec No.                      |     |
| Address               |     | City                | State                            | Zip |
| Mailing Address       |     | City                | State                            | Zip |
| Phone # _____         |     | Message Phone _____ |                                  |     |
| Driver's Lic. # _____ |     | State _____         | Full-Time Student? ____Yes____No |     |

### List ALL Other persons who will live in the Apartment with the Applicant and Co-Applicant

| Name     | Soc.Sec. # | Birthdate | Sex | Student? | Relationship |
|----------|------------|-----------|-----|----------|--------------|
| 1. _____ |            |           |     |          |              |
| 2. _____ |            |           |     |          |              |
| 3. _____ |            |           |     |          |              |
| 4. _____ |            |           |     |          |              |
| 5. _____ |            |           |     |          |              |
| 6. _____ |            |           |     |          |              |



**BEDROOM SIZE REQUESTED:** (circle one) **1 BDRM**    **2 BDRM**    **3 BDRM**    **4 BDRM**

Do you currently have a Section 8 Voucher? \_\_\_\_ Yes \_\_\_\_ No      If Yes, for how many bedrooms? \_\_\_\_\_

**GENERAL INFORMATION**

Are you or any Household Members currently Homeless? \_\_\_\_ Yes \_\_\_\_ No

Do any applicants/household members smoke? \_\_\_\_ Yes \_\_\_\_ No

**SMOKING IS NOT ALLOWED IN OUR APARTMENTS**

How did you hear about this housing? \_\_\_\_\_

Do you or any Household members require an apartment with accessible features? \_\_\_\_ Yes \_\_\_\_ No

If Yes, what features needed: \_\_\_\_\_

**AUTOMOBILES**

Do you or anyone in your household own, lease or have regular access to a vehicle? \_\_\_\_ Yes \_\_\_\_ No

If yes, please list below:

Make \_\_\_\_\_ Color \_\_\_\_\_ Year \_\_\_\_\_ License Plate # \_\_\_\_\_

Make \_\_\_\_\_ Color \_\_\_\_\_ Year \_\_\_\_\_ License Plate # \_\_\_\_\_

**HOUSEHOLD FINANCIAL OBLIGATIONS:** Include ALL medical expenses, car payments, child support, loans, etc.

PAYABLE TO: (company name)

MONTHLY PAYMENT

\_\_\_\_\_/ \$ \_\_\_\_\_

\_\_\_\_\_/ \$ \_\_\_\_\_

\_\_\_\_\_/ \$ \_\_\_\_\_

\_\_\_\_\_/ \$ \_\_\_\_\_

**HOUSING HISTORY**

Check what best describes your current living situation:

- |                                      |                                                           |
|--------------------------------------|-----------------------------------------------------------|
| _____ Renting                        | _____ Own a home or a mobile home                         |
| _____ Temporarily living with others | _____ Living in substandard housing                       |
| _____ Without housing                | _____ Paying more than 50% of income for rent & utilities |
| _____ Other, Explain _____           |                                                           |

Current Address: \_\_\_\_\_

Current rent \$ \_\_\_\_\_ per month    Utilities cost \$ \_\_\_\_\_ per month    Move-in Date: \_\_\_\_\_

Current Landlords Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Landlord's Address: \_\_\_\_\_

Are you being evicted? \_\_\_\_ Yes \_\_\_\_ No    If yes, explain \_\_\_\_\_

Have you anyone in your household ever been evicted from any housing? \_\_\_\_ Yes \_\_\_\_ No    If Yes, please explain:

When: \_\_\_\_\_ Where: \_\_\_\_\_

Reason: \_\_\_\_\_

**THIS SECTION MUST BE FILLED OUT COMPLETELY AND CORRECTLY**  
**YOU MUST PROVIDE A MINIMUM OF TWO (2) YEARS HOUSING HISTORY**

**Your previous address:** \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Landlord's name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Landlord's address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date moved in: \_\_\_\_\_ Date moved out: \_\_\_\_\_ Rent Amount \$ \_\_\_\_\_

Reason for moving: \_\_\_\_\_  
-----

**Your previous address:** \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Landlord's name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Landlord's address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date moved in: \_\_\_\_\_ Date moved out: \_\_\_\_\_ Rent Amount \$ \_\_\_\_\_

Reason for moving: \_\_\_\_\_  
-----

**Your previous address:** \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Landlord's name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Landlord's address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date moved in: \_\_\_\_\_ Date moved out: \_\_\_\_\_ Rent Amount \$ \_\_\_\_\_

Reason for moving: \_\_\_\_\_  
-----

**Your previous address:** \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Landlord's name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Landlord's address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date moved in: \_\_\_\_\_ Date moved out: \_\_\_\_\_ Rent Amount \$ \_\_\_\_\_

Reason for moving: \_\_\_\_\_  
-----

**Your previous address:** \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Landlord's name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Landlord's address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date moved in: \_\_\_\_\_ Date moved out: \_\_\_\_\_ Rent Amount \$ \_\_\_\_\_

Reason for moving: \_\_\_\_\_

**INCOME**  
**YOU MUST INCLUDE ALL SOURCES OF INCOME FOR ALL HOUSEHOLD MEMBERS**

| <u>Household Member Name</u> | <u>Name, Address and Phone # of Employer</u>                 | <u>Wages/Income Per Month</u> |
|------------------------------|--------------------------------------------------------------|-------------------------------|
|                              | Employer Name:<br>Address:<br>Phone:<br>Date First Employed: | \$                            |
|                              | Employer Name:<br>Address:<br>Phone:<br>Date First Employed: | \$                            |
|                              | Employer Name:<br>Address:<br>Phone:<br>Date First Employed: | \$                            |
|                              | Employer Name:<br>Address:<br>Phone:<br>Date First Employed: | \$                            |
|                              | <b><u>Unemployment</u></b>                                   | \$                            |
|                              | <b><u>Cash Aid/TANF</u></b>                                  | \$                            |
|                              | <b><u>Child Support/Alimony</u></b>                          | \$                            |
|                              | <b><u>Social Security</u></b>                                | \$                            |
|                              | <b><u>Social Security</u></b>                                | \$                            |
|                              | <b><u>SSI</u></b>                                            | \$                            |
|                              | <b><u>SSI</u></b>                                            | \$                            |
|                              | <b><u>Pension</u></b>                                        | \$                            |
|                              | <b><u>V.A. Benefits</u></b>                                  | \$                            |
|                              | <b><u>Disability</u></b>                                     | \$                            |
|                              | <b><u>Workers Compensation</u></b>                           | \$                            |
|                              | <b><u>Self Employment</u></b>                                | \$                            |
|                              | <b><u>Financial Aid</u></b>                                  | \$                            |
|                              | <b><u>Other income</u></b> _____                             | \$                            |
|                              | <b><u>Other income</u></b> _____                             | \$                            |

Do you or any household member work in agriculture/farmwork or retired/disabled from ag work? Yes \_\_\_ No \_\_\_

If Yes, please designate the household member who is a farmworker: \_\_\_\_\_

Do you anticipate any changes in this income in the next 12 months? Yes \_\_\_ No \_\_\_ If YES, explain: \_\_\_\_\_

**ASSETS**

**YOU MUST INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS**

**Please mark every question with YES or NO.** If any questions are marked with a YES, complete the blanks to the right.

| <u>Asset Source:</u>                                                                                                     | <u>Yes</u> | <u>No</u> |                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------|------------|-----------|-------------------------------------------------------------------------------------------------------|
| Checking Account?                                                                                                        |            |           | Name of Bank _____ Balance:\$ _____                                                                   |
|                                                                                                                          |            |           | Name of Bank _____ Balance:\$ _____                                                                   |
|                                                                                                                          |            |           | Name of Bank _____ Balance:\$ _____                                                                   |
|                                                                                                                          |            |           | Name of Bank _____ Balance:\$ _____                                                                   |
| Saving/Holiday Account?                                                                                                  |            |           | Name of Bank _____ Balance:\$ _____                                                                   |
|                                                                                                                          |            |           | Name of Bank _____ Balance:\$ _____                                                                   |
| Certificate of Deposit?                                                                                                  |            |           | Name of Bank _____ Balance:\$ _____                                                                   |
| Cash on Hand?                                                                                                            |            |           | Amount \$ _____                                                                                       |
| Prepaid Debit Card?                                                                                                      |            |           | Name of Bank _____ Balance:\$ _____                                                                   |
| Stocks, Bonds or Annuities?                                                                                              |            |           | Cash Value \$ _____                                                                                   |
| Money Market/Mutual Funds?                                                                                               |            |           | Cash Value \$ _____                                                                                   |
| IRA, 401K, Keogh Account?                                                                                                |            |           | Cash Value \$ _____                                                                                   |
| Treasury Bills?                                                                                                          |            |           | Cash Value \$ _____                                                                                   |
| Safety Deposit Box?                                                                                                      |            |           | Cash Value of what is held in box \$ _____                                                            |
| Any Personal Property held as an Investment?                                                                             |            |           | Cash Value \$ _____                                                                                   |
| Do you Own a Home, Rental Property or Other Capital Investment?                                                          |            |           | Cash Value \$ _____ (Market Value less unpaid balance and selling costs)                              |
| Life Insurance Policies?                                                                                                 |            |           | Cash Value \$ _____                                                                                   |
| Do you receive regular or periodic payments from persons not living with you (such as trust, annuity or other claims)?   |            |           | Payment Amount \$ _____<br>Frequency of payments ( Monthly, weekly, annually) _____<br>Provider _____ |
| Have you Sold or Given Away, or otherwise Transferred Ownership of Assets within the last two (2) years?                 |            |           | List Item and Date _____<br>_____                                                                     |
| Are there minor children in the household that have any assets (Savings Account, Certificate of Deposit, Savings Bonds)? |            |           | Type of Asset _____<br>Cash Value \$ _____<br>Where held (Bank, etc.) _____                           |

**EMERGENCY CONTACT Name**

**Phone #**

**Relationship**

**Address**

**PERSONAL REFERENCE Name**

**Phone #**

**Relationship**

**Address**

**It is the Applicant's responsibility to keep the Management notified of any changes in the application. This includes a change in household size, current address, phone number(s), income or assets, etc.**

**CERTIFICATION**

1. I/we certify that if selected to move into this project, the unit will be my/our primary residence.
2. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief.
3. I/we understand that false statements or information are punishable under federal law and cause for immediate denial of this housing application.
4. I/we understand written notification of any changes to the information on this application including address and telephone number is required.  
I/we understand that the above information is being collected to determine my/our eligibility for an apartment. I/we authorize the owner to verify all information provided on this application and to contact current or previous landlords, employers, or other sources for credit and verification information which may be released by appropriate federal, state, local agencies, or private persons to the owner/management.
5. I/we certify/agree to allow management to perform a consumer credit check and criminal background check including sex offender registry on all adult household members at the initial screening interview. I/we agree to pay a processing fee of \$30 per adult household member at the initial screening interview.
6. I/we understand that housing is subject to availability.
- 7.

**ALL ADULT household members must sign below:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN COMPLETED APPLICATION TO:  
Paso Robles Housing Authority 901 30<sup>th</sup> Street Paso Robles, CA 93446**

It is our policy to provide reasonable accommodations to persons with disabilities so that they can participate equally in its housing programs. Please mail written requests for reasonable accommodations to PRHA Attn: Liz Byrnes 901 30th Street Paso Robles, CA 93446 or contact the office at: 805-238-4015 ext 205.

“The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability 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. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.”

|                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                |                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| <p><b>Ethnicity:</b></p> <p><input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> Not Hispanic or Latino</p> | <p><b>Race: (Mark one or more)</b></p> <p><input type="checkbox"/> 1 American Indian/Alaska Native</p> <p><input type="checkbox"/> 2 Asian</p> <p><input type="checkbox"/> 3 Black or African American</p> <p><input type="checkbox"/> 4 Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> 5 White</p> | <p><b>Gender:</b></p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p> |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|