



APPLICATION FOR HOUSING
San Veron Park

FILL IN ALL SECTIONS AND FIELDS; IF NOT APPLICABLE INSERT 'N/A'. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

A. Head of Household (HOH) Information

Name: _____		_____	_____
<i>Last</i>		<i>First</i>	<i>MI</i>
Additional Names Used:		Social Security # _____	
Email Contact: _____		Date of Birth _____	
Contact Phone #: _____ () -	Preferred Apartment Sizes (can list more than 1, contact management for unit sizes specific to the property you are applying) <input type="checkbox"/> SRO/SLS <input type="checkbox"/> 0BR <input type="checkbox"/> 1BR <input type="checkbox"/> 2BR <input type="checkbox"/> 3BR <input type="checkbox"/> 4BR		How did you hear about the property?

B. Household Composition

Please see Resident Selection Criteria for Occupancy Standards

Please be sure to include your HOH information (from above) in this section, Member #1 - HOH

All persons who will reside in apartment.	Relationship to HOH	Name Last, First MI	Gender M/F	Marital Status	Social Security Number	Date of Birth (mm/dd/yyyy)	Student Y/N
Member #1	HOH						
Member #2							
Member #3							
Member #4							
Member #5							
Member #6							
Member #7							
Member #8							
Member #9							

Do you anticipate any household changes within the next twelve months? <input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, Expected # of: Additions: _____ or Reductions: _____	Changes may not qualify occupancy at Move-In
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C. Residential History – 2 Years Minimum

Current Address	Street Address: _____		Unit #: _____	City _____	State _____	Zip Code _____	
	Landlord: <input type="checkbox"/> Mortgage Company <input type="checkbox"/> Apartment <input type="checkbox"/> Other			From (MM/YY) _____	To (MM/YY) _____	Monthly Payment: _____	
	Landlord Contact Name and Phone #: _____			Select members from this application currently residing at residence: <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 <input type="checkbox"/> #5 <input type="checkbox"/> #6 <input type="checkbox"/> #7 <input type="checkbox"/> #8 <input type="checkbox"/> #9			
	Landlord Street Address _____			City _____	State _____	Zip Code _____	
Do you: Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/>	How Many Bedrooms were at this residence? <input type="checkbox"/> SRO/SLS <input type="checkbox"/> #0 <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 <input type="checkbox"/> #5+			Utilities Paid <input type="checkbox"/> Heat <input type="checkbox"/> Electric <input type="checkbox"/> Water <input type="checkbox"/> Other		Avg Cost/Month \$ _____	

<input type="checkbox"/> Current <input type="checkbox"/> Prior <input type="checkbox"/> N/A	Street Address: _____		Unit #: _____	City _____	State _____	Zip Code _____	
	Landlord: <input type="checkbox"/> Mortgage Company <input type="checkbox"/> Apartment <input type="checkbox"/> Other			From (MM/YY) _____	To (MM/YY) _____	Monthly Payment: _____	
	Landlord Contact Name and Phone #: _____			Select members from this application currently residing at residence: <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 <input type="checkbox"/> #5 <input type="checkbox"/> #6 <input type="checkbox"/> #7 <input type="checkbox"/> #8 <input type="checkbox"/> #9			
	Landlord Street Address _____			City _____	State _____	Zip Code _____	
Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/>	How Many Bedrooms were at this residence? <input type="checkbox"/> SRO/SLS <input type="checkbox"/> #0 <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 <input type="checkbox"/> #5+			Utilities Paid <input type="checkbox"/> Heat <input type="checkbox"/> Electric <input type="checkbox"/> Water <input type="checkbox"/> Other		Avg Cost/Month \$ _____	

<input type="checkbox"/> Current <input type="checkbox"/> Prior <input type="checkbox"/> N/A Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/>	Street Address:		Unit #:	City	State	Zip Code
	Landlord: <input type="checkbox"/> Mortgage Company <input type="checkbox"/> Apartment <input type="checkbox"/> Other		From (MM/YY)	To (MM/YY)	Monthly Payment:	
	Landlord Contact Name and Phone #:		Select members from this current application who resided at this residence: <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 <input type="checkbox"/> #5 <input type="checkbox"/> #6 <input type="checkbox"/> #7 <input type="checkbox"/> #8 <input type="checkbox"/> #9			
	Landlord Street Address		City	State	Zip Code	
	How Many Bedrooms were at this residence? <input type="checkbox"/> SRO/SLS <input type="checkbox"/> #0 <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 <input type="checkbox"/> 5+		Utilities Paid <input type="checkbox"/> Heat <input type="checkbox"/> Electric <input type="checkbox"/> Water <input type="checkbox"/> Other		Avg Cost/Month \$ _____	

D. Community Preferences

This community may participate in required preferences, please check with management prior to completing this section.			FOR STAFF USE ONLY: Does this community have preferences: If Yes, Applicants need to complete below. If No, select "Not Applicable" <input type="checkbox"/> YES <input type="checkbox"/> NO or N/A		
Are you or any member of your household above on any local Housing Authority Waitlist?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	If yes, for how long? #_____Months #_____Years	Member #: _____ From Above
Do you or any member of your household above have a Certification as Homeless?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	If yes, for how long? #_____Months #_____Years	Member #: _____ From Above
Were you or any member of your household above displaced by Redevelopment?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	If yes, please confirm with Management and explain:	
Do you or any member qualify for any local live/work preference (confirm with management)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	If yes, please list all that apply:	
Do you or any member qualify for other property preferences (confirm with management)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	If yes, please list all that apply:	

E. Household Personal Information

Have you or any member of your household above been convicted of a Felony or Other Crime?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please explain and provide date(s) and Member #(from above):
Have you or any member of your household above ever been evicted from a rental?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please explain and provide date(s) and Member #(from above):
Have you or any member of your household above been employed by MidPen Housing?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please list when, which department/supervisor and Member #(from above):
Do you or any member of your household have a relative currently employed by MidPen Housing?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	This is for informational purposes only. We are committed to maintaining the integrity of the process.
Do you or any member of your household above currently possess a current Section 8 Voucher or Certificate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Please provide the name & address of your County or City Housing Authority: Name: _____ Phone: () - _____ Street Address: _____ City, State & Zip: _____
If Yes, Is the Voucher/Certificate transferable?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Which household member(s) posses the Voucher/Certificate: #(s): _____ From Above
Have you or any member of your household above ever filed for Bankruptcy?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please list member # and provide date(s) of bankruptcy:
Do you or any member of your household above plan to have pets in the unit?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please explain pet details:
Do you or any member of your household above require special accommodations?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please list member # and explain what accommodations you require:
Do you or any member of your household above have custody arrangement of any child(ren) listed above?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please list member # and explain custody arrangements?
Do you or any member of your household above owe any apartment community money?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please list member # and explain:

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 Management 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?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you or any member of your household above (including minors) anticipate becoming a Full-Time Student?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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If Yes to the above two questions, complete the following:

Any of the Full-Time Student(s) married and filing a joint tax return?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Any of the Full-Time Student(s) enrolled in a Job Training Program receiving assistance under the Job Training Partnership Act?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Any Full-Time Student(s) a single parent living w/ his/her minor child who is not claimed on another's Tax Return?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Any of the Full-Time Student(s) a TANF or Title IV recipient?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
			Any Full-Time Student(s) under the age of 24, who has exited the Foster Care System within the last 6 years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Other Federal Requirements

This community may receive federal funding, please check with management prior to completing this section.	FOR STAFF USE ONLY: Does this community receive federal funding: If Yes, Applicants need to complete below. If No, select "Not Applicable" <input type="checkbox"/> YES <input type="checkbox"/> NO or N/A
To be completed only by applicants for properties with Federal Funding.	I am/we are: <input type="checkbox"/> A National Citizen of the United States of America <input type="checkbox"/> A Non-Citizen with eligible immigration status with one of the following: Form I-551, I-94, I-688, 688B, I-151 or receipt issued by DHS <input type="checkbox"/> Not contending eligible immigration status
	<input type="checkbox"/> Subject to a lifetime Sex Offender registration program in any State. I/We have resided in the following States: _____

F. Income & Assets

Describe all Household Members' (from above) income from employment and/or any other source, including assistance.

<input type="checkbox"/> N/A or <input type="checkbox"/> Current Employer Name:		Supervisor:		Phone: () -		
Address: _____ Street Address City State Zip Code					Household Member # <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 <input type="checkbox"/> #5 <input type="checkbox"/> #6 <input type="checkbox"/> #7 <input type="checkbox"/> #8 <input type="checkbox"/> #9	
Job Title:		Salary: \$ _____ Dollar Amount	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Bi-Wkly <input type="checkbox"/> Bi-Mthly	From (MM/YY)	To (MM/YY)	
HR Contact Name:		Average # Hours Worked Per Week:		HR Contact Phone Number: () -		
<input type="checkbox"/> N/A or <input type="checkbox"/> Current or Previous Employer Name:		Supervisor:		Phone: () -		
Address: _____ Street Address City State Zip Code					Household Member #	
Job Title:		Salary: \$ _____ Dollar Amount	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Bi-Wkly <input type="checkbox"/> Bi-Mthly	From (MM/YY)	To (MM/YY)	
HR Contact Name:		Average # Hours Worked Per Week:		HR Contact Phone Number: () -		
<input type="checkbox"/> N/A or <input type="checkbox"/> Current or Previous Employer Name:		Supervisor:		Phone: () -		
Address: _____ Street Address City State Zip Code					Household Member # <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 <input type="checkbox"/> #5 <input type="checkbox"/> #6 <input type="checkbox"/> #7 <input type="checkbox"/> #8 <input type="checkbox"/> #9	
Job Title:		Salary: \$ _____ Dollar Amount	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Bi-Wkly <input type="checkbox"/> Bi-Mthly	From (MM/YY)	To (MM/YY)	
HR Contact Name:		Average # Hours Worked Per Week:		HR Contact Phone Number: () -		
<input type="checkbox"/> N/A or <input type="checkbox"/> Current or Previous Employer Name:		Supervisor:		Phone: () -		
Address: _____ Street Address City State Zip Code					Household Member #	
Job Title:		Salary: \$ _____ Dollar Amount	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Bi-Wkly <input type="checkbox"/> Bi-Mthly	From (MM/YY)	To (MM/YY)	
HR Contact Name:		Average # Hours Worked Per Week:		HR Contact Phone Number: () -		
<input type="checkbox"/> N/A or <input type="checkbox"/> Current or Previous Employer Name:		Supervisor:		Phone: () -		
Address: _____ Street Address City State Zip Code					Household Member # <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 <input type="checkbox"/> #5 <input type="checkbox"/> #6 <input type="checkbox"/> #7 <input type="checkbox"/> #8 <input type="checkbox"/> #9	
Job Title:		Salary: \$ _____ Dollar Amount	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Bi-Wkly <input type="checkbox"/> Bi-Mthly	From (MM/YY)	To (MM/YY)	
HR Contact Name:		Average # Hours Worked Per Week:		HR Contact Phone Number: () -		
Total Employment Income		<input type="checkbox"/> Zero Income	<input type="checkbox"/> \$1-\$12,500	<input type="checkbox"/> \$12,501-\$20,000	<input type="checkbox"/> \$20,001-\$27,000	<input type="checkbox"/> \$27,001-\$35,000
		<input type="checkbox"/> 35,001-\$42,000	<input type="checkbox"/> \$42,001-\$50,000	<input type="checkbox"/> \$50,001-\$57,500	<input type="checkbox"/> \$57,501-\$65,500	<input type="checkbox"/> \$65,501-\$75,000+

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Other Income Sources	Check if N/A	Source Name, Address & Telephone No.	Gross Monthly	Member(s) #
Social Security (SS, SSI, AFDC)	<input type="checkbox"/> N/A			
Social Security (SS, SSI, AFDC)	<input type="checkbox"/> N/A			
Social Security (SS, SSI, AFDC)	<input type="checkbox"/> N/A			
Pensions (VA, Retirement Plan, etc.)	<input type="checkbox"/> N/A			
Pensions (VA, Retirement Plan, etc.)	<input type="checkbox"/> N/A			
Financial Investments	<input type="checkbox"/> N/A			
Financial Investments	<input type="checkbox"/> N/A			
Financial Investments	<input type="checkbox"/> N/A			
Gifts from Household	<input type="checkbox"/> N/A			
Gifts from Household	<input type="checkbox"/> N/A			
Other:	<input type="checkbox"/> N/A			
Other:	<input type="checkbox"/> N/A			
Other:	<input type="checkbox"/> N/A			
Other:	<input type="checkbox"/> N/A			
Other:	<input type="checkbox"/> N/A			
Financial Investments	<input type="checkbox"/> N/A			
TOTAL MONTHLY INCOME FROM OTHER SOURCES:				ALL

Zero Income Verification

Are **YOU** or **ANY ADULT** member of your household claiming zero (\$0) income? YES NO

Indicate which household member(s) here:

#1 #2 #3 #4 #5 #6 #7 #8 #9

Asset Source	Check if N/A	Source Name, Address & Telephone No.	Value or Balance	Member(s) #
Checking or Credit Union Banking	<input type="checkbox"/> N/A			
Checking or Credit Union Banking	<input type="checkbox"/> N/A			
Checking or Credit Union Banking	<input type="checkbox"/> N/A			
Savings	<input type="checkbox"/> N/A			
Savings	<input type="checkbox"/> N/A			
Whole Life Insurance	<input type="checkbox"/> N/A			
Whole Life Insurance	<input type="checkbox"/> N/A			
Mutual Fund	<input type="checkbox"/> N/A			
Stocks	<input type="checkbox"/> N/A		Cash Value: _____	
Bonds	<input type="checkbox"/> N/A		Cash Value: _____	
Other:	<input type="checkbox"/> N/A		Cash Value: _____	
Other:	<input type="checkbox"/> N/A		Cash Value: _____	
Other:	<input type="checkbox"/> N/A		Cash Value: _____	

Do you own any Real Estate Property? <input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, Type of Property: _____	Location of Property: _____
Owned by Household Members: _____	Mortgage or Outstand Loan Due: _____	Appraised Market Value: _____
Have you or any other member of your household, disposed of or given away ANY asset(s) for LESS than Fair Market Value within the last two years? Amount: \$ _____ Explanation: _____ <input type="checkbox"/> YES <input type="checkbox"/> NO		

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