



PACIFIC WEST
management

**FILL OUT COMPLETELY
DATE & TIME RECEIVED:**

TAX CREDIT RENTAL APPLICATION

COMPLEX _____

LAST NAME OF APPLICANT		FIRST		INITIAL		DAY PHONE
STREET ADDRESS		CITY		STATE		ZIP
DATE OF BIRTH	SOCIAL SECURITY NO.	DRIVER'S LICENSE NO.		MESSAGE PHONE		
LAST NAME OF CO-APPLICANT		FIRST		INITIAL		DAY PHONE
DAY OF BIRTH	SOCIAL SECURITY NO.	DRIVER'S LICENSE NO.				

RACE/ ETHNICITY CODES	<input type="checkbox"/> WHITE	<input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE	<input type="checkbox"/> OTHER	CHECK ONE
	<input type="checkbox"/> BLACK	<input type="checkbox"/> ASIAN OR PACIFIC ISLANDER ETHNICITY		<input type="checkbox"/> NON-HISPANIC
				<input type="checkbox"/> HISPANIC

PETS	DO YOU HAVE ANY PETS? (INCLUDE BIRDS, FISH, ETC.)	APARTMENT TO BE OCCUPIED
	<input type="checkbox"/> NO <input type="checkbox"/> YES – IF YES, WHAT KIND?	BY # _____ PERSONS _____

OCCUPANTS						IF MORE THAN 6 USE ADDITIONAL INFORMATION
LIST PERSONS WHO WILL OCCUPY APRTMENT – LIST YOURSELF & YOUR CO-APPLICANT.						
NAME	BIRTH DATE	SEX	STUDENT	SOCIAL SECURITY NUMBER	RELATIONSHIP TO APPLICANT	
1		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO			
2		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO			
4		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO			
5		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO			
6		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO			

INCOME SOURCES					LIST SOURCES OF INCOME FOR ALL FAMILY MEMBERS 18 YEARS OR OLDER.	
Employment	\$ _____ /per _____	AFDC/TANF	\$ _____ /per _____	Pension	\$ _____ /per _____	Other (Type)
Social security	\$ _____ /per _____	General Relief	\$ _____ /per _____	Alimony/Child Support	\$ _____ /per _____	
SSI	\$ _____ /per _____	Unemployment	\$ _____ /per _____	Disability	\$ _____ /per _____	\$ _____ /per _____

ASSET/BANK ACCOUNTS	CHECKING <input type="checkbox"/> YES <input type="checkbox"/> NO	SAVINGS <input type="checkbox"/> YES <input type="checkbox"/> NO	STOCK/BONDS <input type="checkbox"/> YES <input type="checkbox"/> NO	REAL ESTATE/PROPERTY <input type="checkbox"/> YES <input type="checkbox"/> NO
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PRESENT EMPLOYER	NAME	TELEPHONE	SALARY	DATE OF EMPLOYMENT FROM:
ADDRESS				

PRESENT LANDLORD	<input type="checkbox"/> RENT <input type="checkbox"/> OWN	NAME	TELEPHONE	MONTHLY PAYMENT	DATE OF RESIDENCE FROM:
ADDRESS					TO:

PREVIOUS LANDLORD	<input type="checkbox"/> RENT <input type="checkbox"/> OWN	NAME	TELEPHONE	MONTHLY PAYMENT	DATE OF RESIDENCE FROM:
ADDRESS					TO:

PREVIOUS LANDLORD	<input type="checkbox"/> RENT <input type="checkbox"/> OWN	NAME	TELEPHONE	MONTHLY PAYMENT	DATE OF RESIDENCE FROM:
ADDRESS					TO:

OUT OF STATE RESIDENTIAL HISTORY	HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD 18 YEARS OF AGE OR OLDER EVER RESIEDIED IN ANOTHER SATE? IF SO, PLEASE COMPLETE THE FOLLOWING: SHOULD YOU NEED ADDITIONAL SAPCE PLEASE USE A SEPARATE SHEET OF PAPER.				
NAME OF HOUSEHOLD MEMBER					DATES OF RESIDENCY
OUT OF STATE ADDRESS	CITY	STATE	ZIP		

TO BE PROCESSED, THIS APPLICATION MUST BE FILLED OUT COMPLETELY ON BOTH SIDES AND SIGNED.



PREFERENCE ELIGIBILITY

The Department of Housing and Urban Development has established requirements for ensuring that housing assistance is directed to those with the most urgent housing needs. These categories that may include one or more of the following as may be required by individual programs pursuant to statute or based upon HUD regulation.

If you think you may be eligible for the preference required by individual programs pursuant to statute or based upon HUD regulation, please check the box below.

- I have been displaced from an urban renewal area, or as a result of government auction, or as a result of a disaster determined by the President to be a major disaster.
- I do not think I am eligible for the displace preference at this time.
- I am 62 year or older.
- I am handicapped or disabled.

I agree to provide documentation sufficient to verify my qualification for a preference when the resident manager request that I do so.

If my eligibility for a preference changes in the future, I will contact the resident manager.

INITIAL _____

DATE _____

SPECIAL UNIT REQUIREMENT(S)

THIS SECTION TO BE INCLUDED IN EVERY APPLICATION. It is used to determine whether an applicant needs special features in its apartment. The need for special adaptations must be verified in order to assure that the limited number of apartments with special features go to families that actually need the features.

I choose not to complete this section of the form.

INITIAL _____

DATE _____

1. Do you, or does any member of your family have a condition that requires:

- a separate bedroom
- a barrier-free unit
- one-level unit
- unit for vision-impaired
- unit for hearing-impaired
- bedroom/bath on 1st floor
- physical modifications to a typical apartment

2. Can you and your entire family member go up and down stairs unassisted? YES NO

If No, please indicated how we could accommodate your family: _____

3. Will you or any of your family members require a live-in aide to assist you? YES NO

If Yes, please explain: _____

4. If you checked any of the above listed categories of apartments, please explain exactly what you need to accommodate your situation:

5. What is/are the name(s) of the family member(s) who need/s the features identified above? _____

6. Who should be contacted to verify your needs for the features you have identified above?

Name _____ Phone () _____

Address _____

PRIOR TENANCY

Has your family's assistance or tenancy in a subsidized housing program ever been terminated for:

Fraud YES NO

If Yes, explain _____

Nonpayment of rent YES NO

If Yes, explain _____

Failure to cooperate with recertification procedures YES NO

If Yes, explain _____

CRIMINAL CONVICTION

Have you or any member of your household ever been convicted of a crime? YES NO

If Yes, which family member misdemeanor or felony

If Yes, which family member misdemeanor or felony

WHEN WHERE - CITY & STATE

WHEN WHERE - CITY & STATE

EXPLAIN DETAILS

EXPLAIN DETAILS

We are an equal housing opportunity provider. All persons will be treated fairly and equally without regard to race, color, religion, sex, familial status, handicap, or national origin in compliance with the Fair Housing Act.

Your signature below authorizes management to obtain a "consumer report" at any time during the application process or any time after initial occupancy as defined in the Fair Credit Reporting Act. 15 U.S.C Section 1681 a(d), seeking information on creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. Owner or agent has the right to reject this application and return the deposit(s) at any time prior to execution of a lease agreement. If applicant(s) withdraws application or fails to execute a lease agreement upon request of owner or agent, the deposit(s) may be retained by owner as liquidated damages.

APPLICANT(S) HEREBY REPRESENTS THAT THE STATEMENTS ON THIS APPLICATION ARE TRUE AND COMPLETE AND AUTHORIZES INQUIREIES OF ANY STATEMENT MADE HEREIN.

NOTIFY US IN WRITING OF ANY CHANGE TO INFORMATION PROVIDED WITHIN THIS RENTAL APPLICATION.

APPLICANT SIGNATURE

DATE

CO-APPLICAT SIGNATURE

DATE

X

X

MANAGEMENT SIGNATURE

DATE

Resident Survey: How did you hear about Us? _____Newspaper _____Walk-In _____ Advertisement

_____ Internet _____ Referral _____ Other (Explain) _____

