

Application for Admission and Rental Assistance

Jennings Court Apartments

1080 Jennings Ave, Santa Rosa, CA 95401 P:707.527.5421 F:707.528.7892



DO NOT COPY

Office Use Only

Date /
Time Received:

Wait List #: _____ Staff Initial: _____

Name _____	Phone (____) _____, (____) _____
Address _____	City / State / Zip _____
Email _____ (will not be shared, N/A if none)	

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 are 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.

Are you or anyone in your expected household subject to a State lifetime Sex Offender Registration in any state? _____

Are you or anyone in your expected household a victim of abuse or stalking? _____

Household Information: List below anyone you expect to live in your Studio unit at Move-In – maximum occupancy – 2

Full Name	Relationship to Head of Household (HOH)	Race	Ethnicity	Citizenship	Gender	Date of Birth	Social Security Number	Student of Higher Education
		<ul style="list-style-type: none"> • White/Caucasian • Black/African-Amer. • Asian • Am. Indian/AK Native • Hawaiian/Pacific Is. • Other Leave blank if you wish not to report	<ul style="list-style-type: none"> • Hispanic • Non-Hispanic Leave blank if you wish not to report	<ul style="list-style-type: none"> • Citizen • Immigrant/Refugee • Visa Holder Enter only one of the above:	<ul style="list-style-type: none"> • Male • Female Leave blank if you wish not to report	MM - DD - YYYY	XXX - XX - XXXX	Yes or No Must select one
	HOH					- -	- -	
						- -	- -	

Income Information

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.

GROSS MONTHLY INCOME (List ALL Sources of Income & ALL Amounts.)		
Source of Income	Gross Monthly Income Head of Household	Gross Monthly Income Member #2
Social Security	\$	\$
SSI/Disability	\$	\$
Pension/Annuity	\$	\$
Employment/Wages	\$	\$
Unemployment Benefits	\$	\$
Self-Employment/Business	\$	\$
General Relief/CAPI	\$	\$
Interest/Dividends from Assets	\$	\$
Family Assistance/Gift Income	\$	\$
Veterans Benefits	\$	\$
Other:	\$	\$
Total Monthly Income:	\$	\$

Asset Information (list ALL Assets owned individually and jointly)

Assets Owned	Current Value	Annual Income Received	Owned by whom?	Financial Institution
Checking	\$	\$		
Checking	\$	\$		
Savings/Money Market/CD	\$	\$		
Savings/Money Market/CD	\$	\$		
Property/Real Estate	\$	\$		
Business	\$	\$		
Cash held in your home	\$	\$		
Assets given away within the past 2 years	\$	\$		
Life Insurance	\$	\$		
Retirement IRA/401K/KEOGH/Other	\$	\$		
Other:	\$	\$		

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: _____

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

Full Name: _____ Relationship: _____ Phone: (____) _____

Address: _____ City / State / Zip _____

Email Address (optional and will not be shared) _____

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 _____