

Application for Admission and Rental Assistance

For Official Use Only:

Name _____ Phone _____ Date _____ Time _____
 Address _____



FLORIN GARDENS COOPERATIVE INC.
 6951 24TH STREET, SACRAMENTO, CA 95822
 (916) 422-4242 Fax (916)422-1557

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 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 ____ Web Site ____ Other: _____

LIST SIZE OF UNIT YOU ARE APPLYING FOR: ____ 1 BDRM ____ 2 BDRM ____ 3 BDRM

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	Race W=White B=Black A=Asian O=Other Blank=Wish not to Reply	Gender M=Male F=Female Blank=Wish not to Reply	Date of Birth	Social Security Number	Student of Higher Education Yes or No
	Head of Household					

Rental History

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	

____ YES ____ NO Do you or any household member require a special accommodation in your unit? If yes, explain:

____ YES ____ NO Do you have a live-in attendant for whom you have a doctor's verification showing a medical need?

____ YES ____ NO Do you have any expected future additions to your family due to pregnancy, adoption, foster child(ren), 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 family member who is a US military veteran?

____ YES ____ NO Do you have a person in your family who is with you temporarily due to a Presidentially Declared Disaster?

____ YES ____ NO Are you lacking a fixed nighttime residence?

____ YES ____ NO Have you or any family member ever lived in Public or HUD-assisted housing, or been a Section 8 Certificate holder?
 If yes, Property Name/Address: _____
 Dates of occupancy: _____

____ YES ____ NO Do you or any member of your household owe money to HUD, an apartment community, or previous landlord?
 If yes, Name/Address/Phone: _____
 How much is owed? _____

____ 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 or been asked to repay money for knowingly
 misrepresenting information for such housing programs? If yes, explain:

____ YES ____ NO Have you or any member of your household ever been evicted from rental housing? If yes, give details:

____ YES ____ NO Does a member of your household have a criminal/juvenile record? If yes, describe:

____ YES ____ NO Has any member of your household been convicted of a felony or any crime other than a traffic violation?
 If yes, describe and list all convictions: _____

____ YES ____ NO Are you or any member of your household a current user of a controlled substance, including marijuana?

____ YES ____ NO Has any member of your household been convicted of the illegal manufacture or distribution of a controlled substance?

____ YES ____ NO Has any member ever used any name or social security number other than the one they are currently using?
 If yes, explain: _____

Total Household Income

____ YES ____ NO Does anyone regularly give you cash or pay some of your bills such as utilities, rent, phone, gas? If yes, explain: _____

____ YES ____ NO Is any member of your household employed? If yes, list all employers and contact phone numbers:

Member _____ Employer _____ Phone # _____

Member _____ Employer _____ Phone # _____

Member _____ Employer _____ Phone # _____

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 (including benefits received under someone else's SSN), disability payments (SSI), Workman's Compensation, retirement benefits, pensions, AFDC, Veterans 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 disposed of any assets for less than market value during the past two years?

If yes, give date and explanation: _____

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

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

____ YES ____ NO Does any family member (including children) have assets such as cash, checking, savings, CDs, 401K, etc?

If so, list below:

Account Type	Family Member Name	Account Number	Bank Name	Value	Annual Income from Asset
Cash					
Checking				\$	\$
Savings				\$	\$
CD				\$	\$
401K				\$	\$
Stocks/Bonds				\$	\$
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 member 18 or older 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, fill out medical deductions below.

Medical Deductions

Households in which the head of household, co-head, or spouse are disabled or elderly, qualify for deductions based on out-of-pocket medical expenses. If any family member qualifies for medical deductions, you may list their medical expenses below. Providing this information is voluntary. Any information provided will be kept strictly confidential.

<u>Doctors:</u>			
Name of Doctor	Address	Phone	
_____	_____	_____	
_____	_____	_____	

<u>Prescription Medication Information:</u>			
Name of Drugstore	Address	Phone	
_____	_____	_____	
_____	_____	_____	

<u>Over the Counter Medication/Supplies:</u>			
Medication/Supply	Cost	Most Often Used	Number per Package
_____	_____	_____	_____
_____	_____	_____	_____

<u>Medical Insurance:</u> Do you have Medicare or Medicaid? YES ____ No ____			
Name of Company	Amount paid	How Often Paid	Deductible Amount
_____	_____	_____	_____
_____	_____	_____	_____

PETS: Do you own any pets? Yes__ No

If yes, describe _____

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

By signing this application, I/we certify the accuracy of the following information. The information submitted is true and correct and I/we authorize management to verify any references I/we have listed. I/we authorize management to access any records pertaining to me/us which may be on file with law enforcement and credit bureau authorities. I/we authorize my/our present and prior landlords to release information regarding my/our tenancy. I/we 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 development. I/we understand that the penalty for knowingly providing false information is up to five years in prison and/or \$10,000 fine upon conviction.

I/we hereby do swear and attest that all of the information above about me/us is true and correct. I/we also understand that all changes in the income of any member of the household as well as any changes in the household composition must be reported to the landlord in writing immediately.

Signed _____ Date _____

Signed _____ Date _____

Signed _____ Date _____

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, sex, age, disability, religion and/or familial status. If you feel you have been discriminated against in the processing of this application, please call the following representative of this company:

Name _____ Title _____ Phone _____