



Rental Application

Rental housing applications are accepted by individual property. Please complete all sections.* All adult household members aged 18 and older must sign the application. Submitting duplicate copies will be cause for rejection of all applicants. Abode Communities is an Equal Housing Opportunity provider. We do not discriminate against any person because of race, color, religion, sex, handicap, familial status or national origin. An applicants eligibility for residency will be determined based on the following: 1) household composition/ occupancy; 2) income; 3) rental history; and 4) credit, eviction and criminal background check.

**If you require assistance in reviewing and completing this application, you may request help from a trusted source.*

Property Name:

General Information

What is the desired type of apartment?

☐

Family

☐

Senior

What is the desired number of bedrooms?

☐

1

☐

2

☐

3

☐

4

Do you require an ADA accessible unit?

☐

Yes

☐

No

Main Contact Name

Current Address

City, State, Zip

Daytime Phone

Evening Phone

Email

Race & Ethnicity (Optional)

Please provide your ethnicity. (Optional)

☐

Hispanic/Latino

☐

Non-Hispanic

Please provide your race. (Optional)

☐

American Indian/Alaskan Native

☐

Asian

☐

Asian (India)

☐

Chinese

☐

Filipino

☐

Japanese

☐

Korean

☐

Vietnamese

☐

Asian (other)

☐

Black/African American

☐

Native Hawaiian/Other Pacific Islander

☐

Native Hawaiian

☐

Guamanian

☐

Samoan

☐

Pacific Islander (other)

☐

White/Caucasian

☐

Other



Household Information

Please list all household members who will occupy the apartment. Please include your own name.

Name First, Middle, Last	Relationship to Head of Household	Sex M/F	Last 4 Digits of Social Security #	Date of Birth

Secondary Contact Name

Address

City, State, Zip

Daytime Phone

Evening Phone

Email

Do you expect any addition to the household within the next 12 months?

Yes ☐

No ☐

If yes, please state name, relationship and provide explanation.

Is there anyone living with you now who won't be living with you at this property?

Yes ☐

No ☐

If yes, please state name, relationship and provide explanation.

Do you have full custody of your children?

Yes ☐

No ☐

Please explain.

Are there absent household members who, under normal conditions, would live with you?

Yes ☐

No ☐

If yes, please provide name, relationship and provide explanation.

Current Residence

What is your current monthly rent?

\$ /month

Why do you want to vacate your current residence?

How many bedrooms does your current residence have?

Rental History

Please list the last five (5) years of housing references. (If additional space is required, please attach additional pages.)

	Landlord	Address		
Name	<input type="text"/>	<input type="text"/>	Own/Rent	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>	From	<input type="text"/>
City, State, Zip	<input type="text"/>	<input type="text"/>	To	<input type="text"/>
Phone	<input type="text"/>			

	Landlord	Address		
Name	<input type="text"/>	<input type="text"/>	Own/Rent	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>	From	<input type="text"/>
City, State, Zip	<input type="text"/>	<input type="text"/>	To	<input type="text"/>
Phone	<input type="text"/>			

	Landlord	Address		
Name	<input type="text"/>	<input type="text"/>	Own/Rent	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>	From	<input type="text"/>
City, State, Zip	<input type="text"/>	<input type="text"/>	To	<input type="text"/>
Phone	<input type="text"/>			

Vehicle Information

	State License Plate Issued	Tag/License Plate #	Make/Model/Year
Vehicle #1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Registered Owner	<input type="text"/>		
Vehicle #2	<input type="text"/>	<input type="text"/>	<input type="text"/>
Registered Owner	<input type="text"/>		Total # of Cars in Household <input type="text"/>

Income Information

Income is totaled for any household member 18 or older (unless legally emancipated). If income is unearned income such as a grant or benefit, please include for all household members, including minors.

Total Annual Household Gross Income

Please provide the sources of the household income listed above. Include all income for the next 12 months.

Employment Wages or Salaries? *(Include overtime, tips, bonuses, commissions and payments received in cash.)*

Yes ☐

No ☐

Household Member

Name of Company

Amount

Self-Employment? *(Include overtime, tips, bonuses, commissions and payments received in cash.)*

Yes ☐

No ☐

Household Member

Name of Company

Amount

Regular Pay as a member of the Armed Forces?

Yes ☐

No ☐

Household Member

Armed Forces Branch

Amount

Unemployment benefits or worker's compensation?

Yes ☐

No ☐

Household Member

Name of Company

Amount

Public Assistance, General Relief or Temporary Assistance for Needy Families (TANF)?

Yes ☐

No ☐

Household Member

Name of Company

Amount

Child support or alimony? *(We must count Court-ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered received directly from payer.)*

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Household Member	Name of Company	Amount
		<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>	<input type="text"/>

If yes, how is the support received? *(Check all that apply.)*

<input type="checkbox"/> Child Support Enforcement Agency	Name of Agency	<input type="text"/>
<input type="checkbox"/> Court of Law	Name of Court	<input type="text"/>
<input type="checkbox"/> Direct from Individual	Name of Person	<input type="text"/>
<input type="checkbox"/> Other	Explain	<input type="text"/>

If money is not received, please explain what legal action you are taking to remedy.

Social Security, SSI or any other payments from the Social Security Administration?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Household Member	SSA Office	Amount
		<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>	<input type="text"/>

Regular payments from a Veteran's benefit, pension, retirement benefit or annuity?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Household Member	Source of Benefit	Amount
		<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>	<input type="text"/>

Regular payments from a severance package?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Household Member	Source of Benefit	Amount
		<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>	<input type="text"/>

Regular payments from a settlement? *(Insurance, legal, etc.)*

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Household Member	Source of Benefit	Amount
		<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>	<input type="text"/>

Regular gifts of payments from anyone outside of the household? *(Includes anyone supplementing your income or paying your bills.)*

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Household Member	Source of Benefit	Amount
		<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>	<input type="text"/>

Educational grants, scholarships or other student benefits? *(Includes anyone supplementing your income or paying your bills.)*

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Household Member	School Name/Administrative Office	Amount

Regular payments from lottery winnings or inheritances?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Household Member	Source of Benefit	Amount

Regular payments from rental property or other types of real estate transactions?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Household Member	Source of Benefit	Amount

Other income sources not previously listed?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Household Member	Source of Benefit	Amount

Do you or any other household members expect any changes to your income in the next 12 months?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please explain:

Asset Information

Please list assets for all household members (including minors), including income derived from asset.

Checking or savings account?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Household Member	Bank/Account Type	Balance

CDs, money market accounts or treasury bills?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Household Member	Bank/Account Type	Balance

Stocks, bonds or securities?Yes ☐No ☐

Household Member

Bank/Account Type

Balance

Trust funds?Yes ☐No ☐

Household Member

Bank/Account Type

Balance

Pensions, IRAs, Keogh or other retirement accounts?Yes ☐No ☐

Household Member

Bank/Account Type

Balance

Cash on hand over \$500?Yes ☐No ☐

Household Member

Source of Benefit

Amount

Real estate, rental property, land contracts/contract for deeds or other real estate holdings?*(This includes your personal residence, mobile home, vacant land, farms, vacation homes or commercial property including out of the country.)*Yes ☐No ☐

Household Member

Property Address

Amount

Personal property held as an investment?*(This includes paintings, coin/stamp collections, artwork, collector/show cars and antiques. This does not include your personal belongings such as your car, furniture or clothing.)*Yes ☐No ☐

Household Member

Investment Type

Amount

A safe deposit box?Yes ☐No ☐

Household Member

Bank

Amount

Have you or any household members disposed of or given away any asset(s) for less than Fair Market Value within the past two (2) years?Yes ☐No ☐

Household Member

Explanation

Amount

Applicant Status

Are you or any other adult (18+) member of your household claiming zero income?

Yes ☐

No ☐

Household Member

Explanation

Are you or any other household members, including minors, currently a student or expect to be one in the next 12 months?

Yes ☐

No ☐

Household Member

School

Full/Part-Time

Are you or any other household members currently enrolled in college, university or vocational school, or expect to be in the next 12 months?

Yes ☐

No ☐

Household Member

School

Full/Part-Time

Will you or any adult household member require a live-in care attendant to live independently?

Yes ☐

No ☐

Household Member

Name

Relationship

Will your household receive Section 8 assistance at the time of move-in?

Yes ☐

No ☐

Agency Name

Contact Person

Contact Phone

Will your household be eligible or are you applying to receive Section 8 rental assistance in the next 12 months?

Yes ☐

No ☐

Expected Date

Contact Person

Contact Phone

Have you, or anyone else named on this application, filed for bankruptcy?

Yes ☐

No ☐

If yes, please explain:

Have you, or anyone else named on this application, been convicted of a felony?

Yes ☐

No ☐

If yes, please explain:

Have you, or anyone else named on this application, been convicted for dealing or manufacturing illegal drugs?

Yes ☐

No ☐

If yes, please explain.

Have you, or anyone else named on this application, been convicted of property damage?

Yes ☐

No ☐

If yes, please explain.

Have you, or anyone else named on this application, been evicted from a rental unit of any time, including an apartment, home, mobile home or trailer?

Yes ☐

No ☐

If yes, please explain.

Are you related to a current employee of Abode Communities?

Yes ☐

No ☐

If yes, please explain.

Credit Information

PLEASE SIGN BELOW TO AUTHORIZE THE CREDIT REPORT AND CRIMINAL BACKGROUND CHECK. Management will perform a credit and eviction history, and may perform a criminal background check of applicants as part of the screening criteria. Your application will not be considered unless you provide your consent to obtain a credit report for each adult household member aged 18 or older.

Signature

Signature

Signature

Signature

Signature

Signature

Section 8 Applicants

ALL SECTION 8 APPLICANTS MUST COMPLETE THE INFORMATION BELOW.

The State of California may enact public law which implements the provisions of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Pub. L. No. 104-193), which provides that only citizens, nationals or qualified aliens of/in the United States may receive agency public benefits. You may be required to show proof of citizenship or qualified alien status to be eligible to reside in the apartment community.

Person 1

Person 2

Person 3

Adult Household Members

Place of Birth

U.S. Citizen (Yes/No)

Legal/Qualified Alien (Yes/No)

Years Lived in U.S.

Have you or any household member lived in any other state(s)? If yes, please list which state(s).

Is any household member listed on any state's lifetime sex offender registry? If yes, please list which state(s).

Signature Clause

ALL ADULT HOUSEHOLD MEMBERS, AGED 18 OR OLDER, MUST VERIFY AND SIGN BELOW:

I understand that management is relying on this information to prove my household's eligibility for the Housing Credit Program. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that submitting an application does not guarantee housing.

I authorize my consent to have management verify the information contained in this application for the purpose of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, account numbers and any other information required for expediting this process. I understand that my occupancy is contingent on meeting management's applicant screening criteria and the Housing Credit Program requirements.

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Abode Communities does not discriminate on the basis of handicapped status in the admission or access, or treatment or employment in, its federally-assisted program and activities.

<u>OFFICE USE ONLY:</u>	
Application Received By:	Date/Time Stamp:

Application Received By: _____

Date/Time Stamp:

