



Rental Application Cover Page for Centennial Place

This housing is offered without regard to race, color, religion, sex, gender identity and expression, family status, national origin, marital status, ancestry, age, sexual orientation, disability, source of income, genetic information, arbitrary characteristics, or any other basis prohibited by law.

1. **Centennial Place** has Fully Accessible Units for People with Mobility Disabilities and People with Hearing/Vision Disabilities. **Centennial Place** also has units with some accessible features, such as no steps, and wider doorways. **If you would like to request one of these units, please complete question number 2 of the affordable application provided.** For more information about the accessible features of these units, please contact:

Property Manager Name: Yeimi Estrada

Title: Assistant Property Manager

Phone Number: 626-585-0009

TTY (if available): 711

Email: nowleasing@abodecommunities.org

2. Reasonable Accommodations and Modifications will be provided upon request. A person with a disability may ask for:
 - a. A change in rules (reasonable accommodation)
 - b. A physical change to their apartment or shared areas in the building (reasonable modification)
 - c. An accessible apartment
 - d. Aids and services to help you communicate with us

If you or anyone in your household has a disability and needs any of these things to live in **Centennial Place** and use our services, then contact the Property Management staff listed above to complete a form called "Request Form for Reasonable Accommodations and Modifications".





Property: Centennial Place \ Rental Application

Dear Applicant:

This housing is offered without regard to race, color, religion, sex, gender, gender identity and expression, familial status, national origin, citizenship status, immigrant status, primary language, marital status, ancestry, age, sexual orientation, disability, source of income (including receipt of Section 8 and other similar vouchers), genetic information, military or veteran status, arbitrary characteristics, or any other basis currently or subsequently prohibited by law.

A person with a disability may request a reasonable accommodation (a reasonable change in policies), a reasonable structural modification, an accessible unit or the provision of auxiliary aids and services, in order to have equal access to a housing program. If you or anyone in your household has a disability, and because of that disability requires a specific accommodation, modification or auxiliary aids or services to fully use our housing services, please contact our staff for a reasonable accommodation form.

The rental agent will provide an interpreter/translator to an applicant upon request.

Please check this box if you need a translator and please identify the language which is required:

Instructions: Please complete ALL sections of this application. ALL adult household members must sign the application. Submitting duplicate copies will be cause for rejection of all applicants.

General Information

1. What size apartment are you applying for: Senior (55+): 0 Bedroom

For priority consideration, please indicate whether you were displaced or otherwise directly impacted by the Eaton Fire. Yes No

2. Is the head of household disabled and require an apartment designed for people who need mobility/communications accommodations (accessible unit)?

Yes No Check all applicable: Mobility Hearing /Visual

3. We are required to adhere to Federal Fair Housing laws and to encourage a balanced resident population at Centennial Place . Therefore, we will appreciate you checking the appropriate blank below regarding your race/ethnicity. You are not obligated to provide this information.

African American Asian/Pacific Islander Hispanic Native American White/Caucasian

4. How did you hear about our project? (Newspaper, Internet, Personal Reference etc)

Household Information

List ALL household members that are applying to live in the apartment (be sure to include your own name).

YES NO

1

1. Do you expect any additions to the household within the next 12 months?

Name & Relationship:

Explanation:

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

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

Name & Relationship: _____

3. Do you have full custody of your child(ren)?

Explanation: _____

4. Are there any absent household members who under normal conditions would live with you? (For example, a household member away in the military.)

Explanation: *With you? (For example, a household member away in the military.)*

Explanation: _____

Current Residence

1. What is your current monthly rent? \$_____ /Month
2. Why do you want to vacate your current residence?

3. What is the size of your current residence? # Of Bedrooms _____

Rental History

YES **NO**

1. **Have you or anyone else named on this application filed for bankruptcy?**
Explanation: _____

2. **Have you or anyone in your household been evicted from a rental unit of any type including an apartment, home, or trailer?**
Explanation: _____

3. **Have you or anyone in your household been convicted of property damage?**
Explanation: _____

4. **Have you or anyone in your household been issued an eviction notice?**
Explanation: _____

5. **Have you or anyone in your household been evicted from a property managed by Abode Communities in the last 5 years?**
Explanation: _____

6. **Have you or anyone in your household lived in another state. If so, please list all:**
Explanation: _____

Housing References

List the past **FIVE** years of housing references. (If additional space is required, attach additional pages.)

<u>Landlord's Name/Address</u>	<u>Your Address</u>	<u>Own/Rent</u>	<u>Dates</u>
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Name: _____ Own From: _____

Address: _____ Rent To: _____

Phone: (_____) _____

Name: _____ Own From: _____

Address: _____ Rent To: _____

Phone: (_____) _____

Name: _____ Own From: _____

Address: _____ Rent To: _____

Phone: (_____) _____

Criminal Background

YES NO

1. **Have you or anyone in your household ever been convicted for the manufacture or distribution of a controlled substance?**
Explanation: _____

2. **Have you or anyone in your household ever been convicted for a crime against persons or property? If yes, provide date (s) of each conviction.**
Explanation: _____

3. **Have you or anyone in your household been convicted of any crime that subjects you or the household members to a lifetime registration requirement in any state sex offender registry?**
Explanation: _____

Vehicle Information

	<u>Tag/License Plate #</u>	<u>State Issued</u>	<u>Make/Model/Year</u>
Vehicle #1:	_____	_____	_____
Vehicle #2:	_____	_____	_____
Head of Household Name:	_____		

Income Information

Income is counted for anyone 18 or older (unless legally emancipated). However, if income is unearned income such as a grant or benefit, it is counted for all household members including minors.

PLEASE PROVIDE THE TOTAL Household's ANNUAL INCOME: \$_____

Answer the questions in this section to provide the source(s) of all household income you listed above.

Include all income anticipated for the next 12 months.

Do YOU or ANYONE in your household receive OR expect to receive income from any of the following:

YES NO

1. **Employment wages or salaries? (Include overtime, tips, bonuses, commissions, and payments received in cash.)**

Household Member

Name of Company

Amount

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

<u>Household Member</u>	<u>Type of Business</u>	<u>Amount</u>

3. Regular pay as a member of the Armed Forces?

<u>Household Member</u>	<u>Base Name & Branch</u>	<u>Amount</u>

4. Unemployment benefits or worker's compensation?

<u>Household Member</u>	<u>Administrative Office</u>	<u>Amount</u>

5. Public Assistance, General Relief or Aid to Families with Dependent Children (AFDC)?

<u>Household Member</u>	<u>Administrative Office</u>	<u>Amount</u>

6. (a) Child Support or Alimony?

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

<u>Household Member</u>	<u>Payor</u>	<u>Amount</u>

(b) How is the support received? (Check all that apply)

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

(c) If money is not actually received, are you taking legal action to remedy?

(If yes, obtain court papers)
Explanation:

YES **NO**

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

<u>Household Member</u>	<u>SSA Office</u>	<u>Amount</u>

<input type="checkbox"/>	<input type="checkbox"/>	8. Regular payments from a Veteran's benefit, pension, retirement benefit or annuities?	<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
<hr/> <hr/>					
<input type="checkbox"/>	<input type="checkbox"/>	9. Regular payments from a severance package?	<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
<hr/> <hr/>					
<input type="checkbox"/>	<input type="checkbox"/>	10. Regular payments from any type of settlement? (For example, insurance settlements.)	<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
<hr/> <hr/>					
<input type="checkbox"/>	<input type="checkbox"/>	11. Regular cash gifts or payments from anyone outside of the household? <i>(This includes anyone supplementing your income or paying any of your bills.)</i>	<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
<hr/> <hr/>					
<input type="checkbox"/>	<input type="checkbox"/>	12. Educational grants, scholarships, or other student benefits?	<u>Household Member</u>	<u>School Name or Administrative office</u>	<u>Amount</u>
<hr/> <hr/>					
<input type="checkbox"/>	<input type="checkbox"/>	13. Regular payments from lottery winnings or inheritances?	<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
<hr/> <hr/>					
<input type="checkbox"/>	<input type="checkbox"/>	14. Regular payments from rental property or other types of real estate transactions?	<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
<hr/> <hr/>					
<input type="checkbox"/>	<input type="checkbox"/>	15. Any other income sources or types not listed?	<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
<hr/> <hr/>					
<input type="checkbox"/>	<input type="checkbox"/>	16. Do you or any other household members expect any changes to your income in the next 12 months?			

Explanation:

Asset Information:

Including all assets Held and the income derived from the asset. INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS.

Do YOU or ANYONE in your household hold:

YES NO

 1. Checking or savings account?

<u>Household Member</u>	<u>Name of Bank & Type of Account</u>	<u>Amount</u>

 2. CDs, money market accounts or treasury bills?

<u>Household Member</u>	<u>Name of Bank & Type of Account</u>	<u>Amount</u>

 3. Stocks, bonds, or securities?

<u>Household Member</u>	<u>Name of Bank & Type of Account</u>	<u>Amount</u>

Head of Household Name: _____

YES NO

 4. Trust funds?

<u>Household Member</u>	<u>Name of Bank & Type of Account</u>	<u>Amount</u>

 5. Pensions, IRAs, Keogh, or other retirement accounts?

<u>Household Member</u>	<u>Name of Bank & Type of Account</u>	<u>Amount</u>

6. Cash on hand over \$500?

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
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7. 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.)

<u>Household Member</u>	<u>Property Address</u>	<u>Amount</u>
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8. Personal property held as an investment?

(This includes paintings, coin or stamp collections, artwork, collector or show cars, and antiques. This does not include your personal belongings such as your car, furniture or clothing.)

<u>Household Member</u>	<u>Name of Bank & Type of Account</u>	<u>Amount</u>
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9. A safe deposit box?

<u>Household Member</u>	<u>Name of Bank & Type of Account</u>	<u>Amount</u>
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10. Have you or any household members disposed of or given away any asset(s) for LESS than fair market value within the past 2 years?

Household Member: _____ Amount: _____

Explanation: _____

Applicant Status

YES **NO**

1. Are you or any other ADULT household members claiming zero income?

Household Member: _____

Explanation: _____

2. Are you or any other household members (INCLUDING MINORS) currently a full-time student or expect to be one in the next 12 months?

Household member(s): _____

3. Are there any household members that are currently enrolled in an institute of higher learning?

If answered yes above, please check one of the following: _____ **Full-time Student**
_____ **Part-time Student**

4. Will you or any ADULT household member require a live-in care attendant?

Name of Attendant: _____
Relationship (if any): _____

5. Will your household be receiving Section 8 rental assistance at time of move-in?

Name of agency: _____
Contact Person: _____

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

Expected Date: _____
Name of Agency: _____
Contact Person: _____

U.S. Citizenship (SECTION 8 ONLY – NOT FOR USE ON TAX CREDIT PROPERTIES)

ALL 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 or nationals of the United States or qualified aliens may receive agency public benefits. You may be required to show proof of citizenship or a qualified alien status to be eligible to reside in the apartment community.

Note: At least one member of the family must provide proof of citizenship or qualified alien status for the family to qualify for housing.

1. Total Number of Family Members: _____
2. Number of U.S. Citizens: _____
3. Number of Legal (Qualified) Residents: _____
4. Number of Members without Legal Status: _____

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 all applicants as part of the applicant screening criteria. Your application will not be considered unless you provide management with your consent to obtain a credit report on each adult household member.

(Signature)

(Signature)

(Signature)

(Signature)

(Signature)

(Signature)

Signature Clause

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 such action may result in criminal penalties.**

I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, and account numbers where applicable 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.

All ADULT household members must sign below:

Signature _____ Date _____ Signature _____ Date _____

Signature _____ Date _____ Signature _____ Date _____

Signature _____ Date _____ Signature _____ Date _____

NOTE: Definition of an adult is 18 years of age or older, unless legally emancipated.

Centennial Place _____ does not discriminate on the basis of handicapped status in the admission or access, or treatment or employment in, its federally assisted programs and activities.

Office Use Only:

Application Received by: _____

Date/Time Stamp: _____