

FOR OFFICE USE ONLY

Referral Source and/or Applicant Preference:	Date and Time Stamp Received:	Staff Initials

HOUSING APPLICATION/UPDATE (if prior over 120 days)

This form must be filled out in English and in blue ink. Owner and Management Agent does not discriminate based on race, color, creed, religion, sex, national origin, age, familial status, handicap, ancestry, medical condition, physical handicap, veteran status, sexual orientation, AIDS, AIDS-related condition (ARC), mental disability, or any other arbitrary status.

SECTION A – HEAD OF HOUSEHOLD INFORMATION

Please complete all information pertaining to yourself, the Head of Household (HOH)

1	Name and Address of Head of Household					2	Personal Information				
	First Name		Middle Initial				a. Social Security Number				
	Last Name						b. Date of Birth				
	Current Mailing Address						c. Phone Number		()		
	Apt #	City	State	Zip Code			Area Code	Telephone Number			
	Address where you are currently living (if different from above)						d. Marital Status		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated		
	Address where you are currently living (if different from above)						Check Only One				
3	Contact Information – Please provide 2 contacts where we can reach you Examples may include relative, friend, case worker, etc.						e. Student Status		<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> N/A		
	a.						f. Sex		g. Ethnicity		
		Name	Relationship	Phone Number		<input type="checkbox"/> Male	1- Hispanic 2- Non-Hispanic 3- No Response				
		Name	Relationship	Phone Number		<input type="checkbox"/> Female	1-White 2-Black/African American 3-American Indian/Alaska Native 4-Asian 5-Pacific Islander/Hawaiian 6-Other 7-No Response				
4	Language(s) spoken at home?						Do you need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No				
5	Disability Status		It is not necessary to give us details about your disability unless you are requesting an accommodation.								
	a. Do you claim a disability?		<input type="checkbox"/> Yes <input type="checkbox"/> No								
	b. Do you need an accommodation to complete the application process?		<input type="checkbox"/> Yes <input type="checkbox"/> No								
	c. Do you need an accommodation in housing as a result of disability?		<input type="checkbox"/> Yes <input type="checkbox"/> No								
	If yes to 'b' or 'c' above, what specific accommodation do you request?		d. Does your household need a handicapped-accessible unit?		<input type="checkbox"/> Yes <input type="checkbox"/> No						
			e. Does at least one household member require a wheelchair-accessible unit?		<input type="checkbox"/> Yes <input type="checkbox"/> No						
			f. Does at least one household member require visual/hearing equipped unit?		<input type="checkbox"/> Yes <input type="checkbox"/> No						
			g. Does any household member require a specifically designed unit or location?		<input type="checkbox"/> Yes <input type="checkbox"/> No						

SECTION B – HOUSEHOLD COMPOSITION

List others who will live with you – include unborn children. For Race & Ethnicity, use numbers from above Section 2.

#	Relation	First Name	Last Name	MI	Sex (M/F)	Race	Ethnicity	Date of Birth	Disability (Y/N)	Student (Y/N)	Social Security Number
1											
2											
3											
4											
5											
6											
7											
8											
9											

IS THERE A PERSONAL CARE ATTENDANT WHO WILL BE RESIDING IN THE UNIT? NO YES If yes, please complete information below.

Live-In Aide											
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Proof of need for Live-In Attendant will be required during the eligibility process through the Reasonable Accommodation Process. He or she must show proof of Identification Card, Social Security Number, and a background verification check will be processed.

SECTION C – HOUSING REFERENCES

Starting with your current residence, please list prior housing for the last **TWO (2) YEARS**.

Landlord/ Shelter Name		Is Landlord a relative?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly Rent	\$
		c. Phone Number () -			
Address	Apt # City State Zip Code			Area Code	Telephone Number
Landlord/ Shelter Name		Is Landlord a relative?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly Rent	\$
		c. Phone Number () -			
Address	Apt # City State Zip Code			Area Code	Telephone Number
Landlord/ Shelter Name		Is Landlord a relative?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly Rent	\$
		c. Phone Number () -			
Address	Apt # City State Zip Code			Area Code	Telephone Number
Landlord/ Shelter Name		Is Landlord a relative?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly Rent	\$
		c. Phone Number () -			
Address	Apt # City State Zip Code			Area Code	Telephone Number
Have you or any household member ever been evicted from any residence for any reason?					<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION D – HOUSEHOLD ASSETS

Please list **ALL ASSET** information for the household. You may estimate.

a. Description of Asset #1:			
Street Address		City, State & Zip Code	
Current Value		Account Number (if applicable)	
Description of Asset #2:			
Street Address		City, State & Zip Code	
Current Value		Account Number (if applicable)	
Description of Asset #3:			
Street Address		City, State & Zip Code	
Street Address		City, State & Zip Code	
<i>Household Estimated TOTAL ASSETS →</i>			

SECTION E – HOUSEHOLD EXPENSES

Please enter the dollar amount of **ALL APPLICABLE EXPENSES** for the entire household. You may estimate.

Child / Dependent Care	/month	Caregiver	/month
Premiums/Insurance	/month	Prescriptions	/month
Medical Equipment	/month	Disability Related	/month
Service/Companion Animal	/month	Other	/month
<i>Household Estimated TOTAL EXPENSES →</i>			

SECTION F – HOUSEHOLD INCOME

Please list **ALL INCOME** information for the household. You may estimate.

a. Earned/Employment Income #1

Company		Job Title		
Street Address	City, State & Zip Code			
Company Contact	Phone Number			
Title of Contact	Hours /Week	Pay Rate /Hour	Overtime Pay	
Sporadic/ Seasonal ?	Weeks /Year	Monthly Income	Total Yearly Income	

Earned/Employment Income Source #2

Company		Job Title		
Street Address	City, State & Zip Code			
Company Contact	Phone Number			
Title of Contact	Hours /Week	Pay Rate /Hour	Overtime Pay	
Sporadic/ Seasonal ?	Weeks /Year	Monthly Income	Total Yearly Income	

Earned/Employment Income Source #2

Company		Job Title		
Street Address	City, State & Zip Code			
Company Contact	Phone Number			
Title of Contact	Hours /Week	Pay Rate /Hour	Overtime Pay	
Sporadic/ Seasonal ?	Weeks /Year	Monthly Income	Total Yearly Income	

Earned/Employment Income Source #2

Company		Job Title		
Street Address	City, State & Zip Code			
Company Contact	Phone Number			
Title of Contact	Hours /Week	Pay Rate /Hour	Overtime Pay	
Sporadic/ Seasonal ?	Weeks /Year	Monthly Income	Total Yearly Income	

b. Un-Earned/Financial Assistance Income – Amount per month for **ENTIRE** household

Social Security	/month	Unemployment	/month	General Assistance	/month
SSI / SDI	/month	AFDC	/month	Other Assistance	/month

Household Estimated TOTAL INCOME →

SECTION G – SERVICE/COMPANION ANIMALS

A service/companion animal of any kind may be kept within the unit or on the premises only with prior written reasonable accommodation request filled out by a Licensed Health Professional and approved by CCDC.

Companion Animals owned by visitors will not be allowed on the premises **exception are service animals.**

If you have an assistive pet or animal, please, provide the information below:

Type of Animal	Weight of Animal	Description of Animal
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SECTION H – HOUSING SUBSIDIES

Does your household receive any rental assistance? Yes No If yes, what type: Section 8 Other _____

If Section 8, check one:
 Tenant Voucher (Expires: _____)
 Project Based Assistance

Has your residency/tenancy or government assistance in a subsidized housing program ever been terminated for fraud, non-payment of rent, or failure to comply with re-certification procedures? Yes No

If Yes to either, please list when and why:

SECTION I – ADDITIONAL INFORMATION

Do you anticipate a change in household composition in the next twelve (12) months? Yes No

If yes, please explain: _____

Are you being displaced from your home by a result of a government action or presidential declared disaster? Yes No

If yes, please explain: _____

Are you homeless or about to become homeless? Yes No Are you displaced or about to become displaced? Yes No

Do you have a Certificate of Preference (COP) Certificate? Yes No

Do you have a Displaced Tenants Housing Preference (DTHP) Certificate? Yes No

Are you or anyone in your household subject to a Nationwide State lifetime Sexual Offender's Registration? Yes No

Are all household members U.S. Citizens? Yes No

Will this apartment be your sole place of residency? Yes No

Have you applied for housing with CCDC before? Yes No If yes, where and when: _____

List all counties and states in which you and all adult household members have lived since the age of 18:

If you believe additional information about your housing history would be helpful to us in processing your application, please provide below and/or complete our **Request for Consideration Form**. Negative history of eviction may be mitigated due to extenuating circumstances. Please write and/or attach any additional information which you feel will be helpful in evaluating your application:

SECTION J – CERTIFICATION

By signing below, EACH ADULT HOUSEHOLD MEMBER (18+) certifies the following statements.

1. If my/our application is approved and move-in occurs, we certify that only those persons listed in this application will occupy the apartment, that we will maintain no other place of residence, and that there are no other persons for whom we have or expect to have responsibility for providing housing.
2. I/we understand that the information collected on the Application for housing is to determine my/our eligibility for residency.
3. I/we authorize the owner, its agents and employees to make any and all legal inquiries to verify information either directly or through information exchanged now or later with rental, or credit screening services, or law enforcement or other public agencies, and to contact previous or current landlords or other sources for credit and/or verification information which may be released by appropriate federal, state, local agencies, or private persons to the management.
4. I/we authorize the owner, its agents and employees to obtain one or more consumer reports as defined in the Fair Credit Reporting Act, 15 U.S.C. Section 1681a(d), seeking information on our creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.
5. I/we understand, pursuant to San Francisco Police Code Article 49 "Fair Chance Ordinance" if I am considered housing eligible, I authorize the owner, its agents and employees to obtain information about my/our criminal background to see if there is any disqualifying criminal history, which may affect me/us from moving onto the property, in compliance with the Resident Selection Criterion.
6. I further understand that the owner has not inquired or required me to provide anything about my prior arrest or conviction record and has provided me with a copy of the Fair Chance Ordinance Notice - notice is supplement to this Application for Housing.
7. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief.
8. I/we understand that false statements or information will deem me/us ineligible, or if move in has occurred terminate the rental agreement.
9. I/we understand we must provide written notification of any changes to the information on this form.

Applicant #1 Signature & Date

Applicant #2 Signature & Date

Applicant #3 Signature & Date