

RENTAL APPLICATION

CDC OWNED PROPERTIES IN UKIAH

1461 North Bush Street – 1701 Tanya Lane – 140 Zinfandel Drive

Date: _____ Name: _____

Applying for (check all that apply): [] Studio [] One Bedroom [] Two Bedroom

DIRECTIONS:

1. All questions within this application and attached documents must be completed. Please write “none” if the question does not apply to you.
2. This application must be completed legibly.
3. All persons on the application 18 years or older must sign the application certifying that information pertaining to them is correct.
4. The following documents must be submitted to the CDC along with the completed application.

PLEASE PROVIDE:

- Photo ID (front and back copy) **for all adults.**
- Social Security Cards (front and back copy) for **all household members.**
- Copy of birth certificates for **all minors.**
- Pay Check Stubs (three most current) for all employed adult household members.
- Benefit Award Letter or proof of benefit or support income received for the past three months.
- Proof of any other source of household income.

A \$25.00 application processing fee will be charged for every household member 18 years or older. Applicants will be required to pay this fee within ten (10) days of when their application is drawn for processing. This fee is non-refundable and will be used to review each applicant’s credit, prior rental history and perform a criminal background.

ATTACHMENTS TO APPLICATION:

1. Request for Reasonable Accommodation
2. Emergency Contact Form

FOR OFFICE USE ONLY	
Date and Time Application Received:	Date and Time Processing Fee Received:

Household Information

Head of Household Name:			
Number of Persons in Household:		Number of Adults in Household:	
Home Phone:		Mobile Phone:	
Street Address:	City:	State:	Zip Code:
Mailing Address:	City:	State:	Zip Code:

Head of Household

First and Last Name:	Date of Birth:	Social Security Number:
Head of Household	Sex (circle one) Male / Female	Ethnicity (circle one) Hispanic / Non-Hispanic
Race (Circle one) Caucasian / African American or Black / Asian / Native American / Native Alaskan / Pacific Islander / Native Hawaiian		

Household Member 2

First and Last Name:	Date of Birth:	Social Security Number:
Relationship to Head of Household (circle one) Spouse / Co-Head / Foster Child / Minor / Live In Aid / Other	Sex (circle one) Male / Female	Ethnicity (circle one) Hispanic / Non-Hispanic
Race (Circle one) Caucasian / African American or Black / Asian / Native American / Native Alaskan / Pacific Islander / Native Hawaiian		

Household Member 3

First and Last Name:	Date of Birth:	Social Security Number:
Relationship to Head of Household (circle one) Spouse / Co-Head / Foster Child / Minor / Live In Aid / Other	Sex (circle one) Male / Female	Ethnicity (circle one) Hispanic / Non-Hispanic
Race (Circle one) Caucasian / African American or Black / Asian / Native American / Native Alaskan / Pacific Islander / Native Hawaiian		

Household Member 4

First and Last Name:	Date of Birth:	Social Security Number:
Relationship to Head of Household (circle one) Spouse / Co-Head / Foster Child / Minor / Live In Aid / Other	Sex (circle one) Male / Female	Ethnicity (circle one) Hispanic / Non-Hispanic
Race (Circle one) Caucasian / African American or Black / Asian / Native American / Native Alaskan / Pacific Islander / Native Hawaiian		

1. Does any member of the household have a maiden name or alias? Yes No

If yes, please list _____

2. Is any member of the household expecting a child? Yes No

If yes, who? _____ Due Date: _____

3. Do you have any pets? Yes No

If yes, please list the type, breed and weight: _____

Are any of them assistance animals? Yes No

If yes, please be sure to complete the attached Reasonable Accommodation Form.

4. Vehicle Information:

Make:	Model:	Year:	Color:	License Plate:
Make:	Model:	Year:	Color:	License Plate:

Household Income

List all household income from all sources. If more space is needed, attach a separate page.

Type of Income Received	Household Member Who Receives Income	Name and Address of Income Source	Monthly Amount Received
			\$
			\$
			\$
			\$
			\$
			\$
			\$

Household Expenses

List all household expenses. If more space is needed, attach a separate page.

Type of Expense	Paid by Whom	Monthly Amount of Expense
		\$
		\$
		\$
		\$
		\$
		\$

Landlord & Rental History

List all addresses and landlord information for anywhere you have resided in the past five (5) years. If more space is needed, attach a separate page.

Move in Date:	Move out Date:
Current Address	
Street:	City: State: Zip:
Owner/Manager Name:	Owner/Manager Phone Number:
Owner/Manager Address	
Street:	City: State: Zip:
Current Rent Amount:	Date last paid:

Move in Date:	Move out Date:
Previous Address	
Street:	City: State: Zip:
Owner/Manager Name:	Owner/Manager Phone Number:
Owner/Manager Address	
Street:	City: State: Zip:

Move in Date:	Move out Date:
Previous Address	
Street:	City: State: Zip:
Owner/Manager Name:	Owner/Manager Phone Number:
Owner/Manager Address	
Street:	City: State: Zip:

1. Are you related to any of the landlords listed above? Yes No

If yes, who and how are you related? _____

2. Have you or any household member ever been evicted? Yes No

If yes, please explain: _____

3. Does any household member owe outstanding balances to the Community Development

Commission, any other housing assistance organizations or landlords? Yes No

If yes, please explain: _____

4. How much is your current monthly rent? \$_____

Is your rent current with your landlord? Yes No

If no, please explain: _____

5. Has any household member been evicted from federally assisted housing in the past three years?

Yes No

If yes, please explain: _____

Criminal History

If you answer yes to any of the following questions, you must provide a written statement with this application. The statement must include the dates of the offenses, what happened, what the outcome was, and any court documents associated with the offense.

1. Has any household member (regardless of age) been involved in, arrested for, charged with, or convicted of a **violent criminal act**? Yes No

2. Has any household member (regardless of age) been involved in, arrested for, charged with, or convicted of **domestic violence, dating violence, or stalking**? Yes No

Was the victim a member of the household? Yes No

3. Has any household member (regardless of age) been involved in, arrested for, charged with, or convicted of **alcohol related activity**? [] Yes [] No
4. Has any household member (regardless of age) been involved in, arrested for, charged with, or convicted of **manufacture of methamphetamines**? [] Yes [] No
5. Has any household member (regardless of age) been involved in, arrested for, charged with, or convicted of **possession, sale, or distribution of illegal drugs**? [] Yes [] No
6. Has any household member (regardless of age) been involved in, arrested for, charged with, or convicted of **any crime not previously listed in the last five years**? [] Yes [] No

If yes, please provide the required documentation and explain: _____

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7. List any household member who is required by law to register as a sex offender:

All household members age eighteen (18) and over must review the information on this application and sign below. All information provided on this application is subject to verification.

Please review the following before signing the application:

- I do hereby swear and attest that all of the information provided on this application by me and about me is true and correct.
- I understand that I must report any changes in income or household composition within ten (10) days of the change occurring.
- I understand that I am required to notify the CDC in writing within ten (10) days of a household member moving out of the unit.
- I understand that I must receive approval from the CDC prior to moving anyone into the unit.
- I understand that I must report the birth of a child by a household member within ten (10) days of when the child is born.
- I understand that false statements or information provided by me are punishable under federal and state laws and constitute grounds for denial.

Please continue to the next page.

I hereby authorize the Community Development Commission of Mendocino County to obtain a consumer report and any other information it deems necessary for the purpose of evaluating my application. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records, and/or any other necessary information. I hereby expressly release the Community Development Commission of Mendocino County, and any procurer or furnisher of information from any liability whatsoever in the use, procurement, or furnishing of such information and understand that my/our application may be provided to various local, state, and/or federal government agencies, including without limitations, various law enforcement agencies.

Head of Household Name

Head of Household Signature

Date

Name of Spouse or Co-Head

Spouse or Co-Head Signature

Date

Name of Other Adult

Other Adult Signature

Date

Name of Other Adult

Other Adult Signature

Date