



Property/Address: 19432 US Highway 18, Apple Valley, CA 92307 Date: \_\_\_\_\_

**Household Information:** Complete the following information for each household member that will occupy the unit at time of move-in:

| Name<br>(Last, First, MI) | Relationship to the<br>Head of Household | Sex<br>(M/F) | Birth Date<br>(mm, dd, yyyy) | Student<br>(Y/N) | Social Security<br>Number |
|---------------------------|--|--------------|------------------------------|------------------|---------------------------|
|                           |  |              |                              |                  |                           |
|                           |  |              |                              |                  |                           |

**Current Address:** \_\_\_\_\_

**Primary Phone:** (\_\_\_\_) \_\_\_\_\_ **Alternate Phone:** (\_\_\_\_) \_\_\_\_\_

**Are you claiming a "Preference"?** *Certain preferences are assigned to applicants in order to provide housing opportunities for households with special needs. See Tenant Selection Plan for greater detail.*

Veterans, Displaced by Government Action.

Elderly, or Disabled.

Homeless (Elderly) Program

Other or Local Preference: \_\_\_\_\_

**Type:**

1st Choice:  Private Room  Shared Room  Other \_\_\_\_\_

Would you or anyone in your household benefit from a special needs unit?  
(Mobility, vision, or hearing impairment)  Yes  No

Will you or anyone in your household require a live-in care attendant?  Yes  No

Name of Live-In Care Attendant: \_\_\_\_\_

Relationship (If any): \_\_\_\_\_

I need assistance with \_\_\_\_\_

ADL's  Eating  Walking  Activities  Dressing  Toileting  Bathing

**Housing References:**

List the **past 3 years** of housing references. (If additional space is required, use the back of this page.)

|    | <u>Landlord's Name/Address</u>            | <u>Your Address</u> | <u>Own/Rent</u>   | <u>Dates</u>             |
|----|---|---------------------|---|--------------------------|
| 1. | _____<br>_____<br><b>Phone:</b> ( ) _____ | _____<br>_____      | <b>Own</b> <input type="checkbox"/><br><b>Rent</b> <input type="checkbox"/> | From: _____<br>To: _____ |
| 2. | _____<br>_____<br><b>Phone:</b> ( ) _____ | _____<br>_____      | <b>Own</b> <input type="checkbox"/><br><b>Rent</b> <input type="checkbox"/> | From: _____<br>To: _____ |
| 3. | _____<br>_____<br><b>Phone:</b> ( ) _____ | _____<br>_____      | <b>Own</b> <input type="checkbox"/><br><b>Rent</b> <input type="checkbox"/> | From: _____<br>To: _____ |

**Household Information (continued)**

- Will anyone else live in the unit on either a full-time or part-time basis, such as children temporarily absent, children in a joint custody arrangement, children away at school, unborn children, children in the process of being adopted, or temporarily absent family members?  Yes  No  
If YES, explain \_\_\_\_\_
- Do you expect the number of household members to change in the future?  Yes  No  
If YES, explain how many members will be added or reduced, and when that change will take place.  
\_\_\_\_\_
- Have you ever been convicted of, plead guilty to or been placed on probation for any crime?  Yes  No  
If YES, provide the nature of the crime(s): \_\_\_\_\_  
Date: \_\_\_\_\_ State: \_\_\_\_\_ City \_\_\_\_\_  
County: \_\_\_\_\_  
Are any of the above convictions a felony?  Yes  No If YES, Please explain \_\_\_\_\_  
\_\_\_\_\_  
  
Are you subject to a lifetime registration requirement under a state sex offender registration program?  Yes  No If YES, Please explain \_\_\_\_\_  
\_\_\_\_\_  
  
Are there any criminal charges pending now?  Yes  No If YES, please explain \_\_\_\_\_  
\_\_\_\_\_
- Do you live in subsidized housing now or have you in the past?  Yes  No  
If YES, where? \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Were you evicted? \_\_\_\_\_ If YES, why? \_\_\_\_\_
- Have you or your spouse/co-applicant ever been evicted or otherwise involuntarily removed from rental housing due to fraud, non-payment of rent, failure to cooperate with recertification procedures, or for any other reason?  Yes  No

If YES, explain \_\_\_\_\_  
\_\_\_\_\_

6. Have you ever filed or are you currently filing for bankruptcy?  Yes  No

If YES, give reason \_\_\_\_\_

Date of filing: \_\_\_\_\_

7. Have you ever lived at any other property managed by \_\_\_\_\_ **[Love 2 Care Homes]**

Yes  No

If YES, where? \_\_\_\_\_

8. Why do you want to move from your current residence? \_\_\_\_\_

9. How did you hear about us? \_\_\_\_\_

10. Do you know or are you related to any of our residents or staff? \_\_\_\_\_  
\_\_\_\_\_

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### **Income Information:**

Earned income is counted only for household members 18 or older and members who are legally emancipated. Unearned income such as a grant or benefit is counted for all household members, including minors.

Include all GROSS income (before taxes) each household member expects to earn in the next 12 months. (Check either YES or NO to each question.)

Do YOU or ANYONE in your household receive OR expect to receive income from:

1. Employment wages or salaries? Self-employment? Regular pay as a member of the Armed Forces?  Yes  No

(Include overtime, tips, bonuses, commission and payments received in cash.)

| <u>Household Member</u> | <u>Name of Company</u><br><i>(or note if self-employed)</i> | <u>Amount</u> |
|-------------------------|---|---------------|
| _____                   | _____   | _____         |
| _____                   | _____   | _____         |
| _____                   | _____   | _____         |
| _____                   | _____   | _____         |
| _____                   | _____   | _____         |
| _____                   | _____   | _____         |

2. Unemployment benefits or worker's compensation?

Yes  No

| <u>Household Member</u> | <u>Name of Company</u> | <u>Amount</u> |
|-------------------------|------------------------|---------------|
| _____                   | _____                  | _____         |
| _____                   | _____                  | _____         |
| _____                   | _____                  | _____         |

3. Public Assistance, General Relief or Temporary Aid to Needy Families (TANF)?

Yes  No

| <u>Household Member</u> | <u>Name of Company</u> | <u>Amount</u> |
|-------------------------|------------------------|---------------|
| _____                   | _____                  | _____         |

\_\_\_\_\_

\_\_\_\_\_

4. Social Security, SSI or any other payments from the Social Security Administration?  Yes  No  
Household Member SSA Office Amount

\_\_\_\_\_

\_\_\_\_\_

6. Regular payments from a pension, retirement benefit, annuities, or Veteran's benefits?  Yes  No  
Household Member Source of Benefit Amount

\_\_\_\_\_

\_\_\_\_\_

7. Regular payments from a severance package?  Yes  No  
Household Member Source of Benefit Amount

\_\_\_\_\_

\_\_\_\_\_

8. Regular payments from any type of settlement? (For example, insurance settlements)  Yes  No  
Household Member Source of Benefit Amount

\_\_\_\_\_

\_\_\_\_\_

9. Disability, death benefits or life insurance dividends?  Yes  No  
Household Member Source of Benefit Amount

\_\_\_\_\_

\_\_\_\_\_

10. Regular gifts or payments from anyone outside of the household?  Yes  No  
(This includes anyone supplementing your income or paying any of your bills.)

Household Member Source of Benefit Amount

\_\_\_\_\_

\_\_\_\_\_

11. Educational grants, scholarships, or other student benefits?  Yes  No  
Household Member Source of Benefit Amount

\_\_\_\_\_

\_\_\_\_\_

12. Regular payments from lottery winnings or inheritances?  Yes  No  
Household Member Source of Benefit Amount

\_\_\_\_\_

\_\_\_\_\_

13. Regular payments from rental property or other types of real estate transactions?  Yes  No  
Household Member Source of Benefit Amount

\_\_\_\_\_

\_\_\_\_\_

14. Any other income sources or types not listed above?

Yes  No

Household Member

Source of Benefit

Amount

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

15. Do you or any other household member expect any change in income in the next 12 months?  Yes  No

If YES, explain: \_\_\_\_\_

Zero Income Verification:

Are YOU claiming zero income?

Yes  No If YES, who? \_\_\_\_\_

Asset Information:

Include all assets and the corresponding annual interest rate, dividends or any other income derived from the asset. An asset is defined as any lump sum amount that you hold in your name and currently have access to. Include the value of the asset and corresponding income from the asset in the space provided.

**INCLUDE ALL ASSETS HELD**

Do YOU hold:

1. Checking or savings account?

Yes  No

Household Member

Bank or Financial Institution

Amount

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

2. CDs, money market accounts or treasury bills?

Yes  No

Household Member

Bank or Financial Institution

Amount

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

3. Stocks, bonds or securities?

Yes  No

Household Member

Source (Broker's Name)

Amount

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

4. Trust funds?

Yes  No

Household Member

Bank or Financial Institution

Amount

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
|-------|-------|-------|

Are any of the above listed trusts irrevocable?  Yes  No

5. Pensions, IRAs, 401Ks, 403Bs, KEOGH or other retirement accounts?

Yes  No

Household Member

Location of Account

Amount

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

6. Cash on hand?

Yes  No

Household Member

Source of Benefit

Amount

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

7. Surrender value of a whole life, universal life, or endowment insurance policy which is available to the policy holder before death?

Yes  No

Household Member

Life Insurance Company

Amount

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

8. Real estate, rental property, land contract/contract for deeds or other real estates holdings? (This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property)

Yes  No

Household Member

Source of Benefit

Amount

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

9. Personal property as an investment? (This includes paintings, coin or stamp collections, artwork collections or show cars and antiques. This does not include your personal belongings such as your car, furniture or clothing.)

Yes  No

Household Member

Source of Benefit

Amount

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

10. Do you have a safe deposit box containing contents with a monetary value?

Yes  No

Household Member

Source of Benefit

Amount

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you own a vehicle?

Vehicle Identification:

1. License #: \_\_\_\_\_ State Issued: \_\_\_\_\_ Make/Model/Year: \_\_\_\_\_

2. License #: \_\_\_\_\_ State Issued: \_\_\_\_\_ Make/Model/Year: \_\_\_\_\_

All questions that were answered YES on this application will be verified through the appropriate third-party source. It will be your responsibility to provide management with all necessary information to properly process your application and verify your eligibility. This will include names, addresses, phone and fax numbers, account numbers (where applicable), and any other information required to expedite this process.

**Signature Clause:**

I understand that management is relying on this information to prove my household’s eligibility for housing assisted under a program of the U.S. Department of Housing and Urban Development (HUD). I certify that all information and answers to the 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 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 and expedite this process in anyway possible. I understand that my occupancy is contingent on meeting management’s resident selection criteria and the HUD Neighborhood Stabilization Program.

I understand that in compliance with the FAIR CREDIT REPORTING ACT the processing of this application includes but is not limited to making any inquiries deemed necessary to verify the accuracy of the information I provided, including procuring consumer reports from consumer credit reporting agencies and obtaining credit information from other credit institutions.

I hereby grant this property owner and \_\_\_\_\_ **[Love 2 Care Homes]** the right to process this application for the purpose of obtaining a Rental/Lease Agreement with this property. Additionally, I authorize all corporations, companies, law enforcement agencies, academic institutions, and current and former employers to release information they may have about me and release them from any liability and responsibility from doing so. A photographic or faxed copy of this authorization shall be as valid as the original.

**All household members 60 and over must sign below:**

|           |      |
|-----------|------|
| Signature | Date |
| Signature | Date |
| Signature | Date |
| Signature | Date |

| For Office Use Only  |  |
|--|--|
| Check here if Pre-Application is on file. <input type="checkbox"/> | Application Date: _____ Time: _____ Desired Move-In Date: _____<br>Application Received By: _____ As Agent for Owner |