

Office use only Date: _____ Time: _____ Apt. Size: _____

RENTAL APPLICATION

Shotover Inn Apartments
325 Broadway Ave./P.o.Box 1127
Hamilton City, CA 95951
(530) 826-0100

Please fill in each blank as completely as you can. This information is necessary to determine whether or not you qualify for this program and will be used for only that purpose. Incomplete application/s will be returned.

Name _____ Date _____

Current Address _____

Mailing Address _____

Home Phone _____ Message Phone _____ Work Phone _____

Tenant Social Security # _____ Alien Registration _____

Co-Tenant Social Security # _____ Alien Registration _____

Personal References:

Name:	Address	Telephone #
1. _____	_____	_____
2. _____	_____	_____

Nearest Relative:

Name:	Address	Telephone #
1. _____	_____	_____

I. Rental History

Current Landlord _____ Rent \$ _____

Current Landlord's Address _____

Landlord's Telephone _____ How many rooms? _____

How long did you reside at this address? _____



Previous Address _____

Landlord's Address _____ Rent \$ _____

Landlord's Telephone # _____ How many rooms? _____

How long did you reside at this address? _____

Have you ever been evicted? Yes _____ No _____

If yes, where? _____ When _____

Why do you want to move? _____

II. Household Composition

List each of the people in your family or household who would live with you at Shotover Inn , including yourself, and their relationship to you.

Name	Relationship	Sex	Age	Date of Birth	Social security #
1. _____					
2. _____					
3. _____					
4. _____					
5. _____					
6. _____					
7. _____					
8. _____					

Do you expect any changes in your household composition? _____

III. Employment/Income

Are you currently employed? Yes _____ No _____

Current Employer _____

Address _____

Telephone _____ Supervisor's Name _____

How long there? _____ Gross Monthly Income _____

What do you do there? _____

If you are not currently employed as a farm worker, when was the last time you worked as a farm worker and where?

Month and Year _____

LIST ALL YOUR INCOME LAST YEAR **FROM AGRICULTURAL WORK ONLY**

<u>Name of person Receiving Income</u>	<u>Name, Address & Phone of employer</u>	<u>Type of work and Income</u>
1.		
2.		
3.		
4.		
5.		

Subtotal:

LIST ALL YOUR INCOME LAST YEAR:

Non-agricultural, AFDC, unemployment, social security, workers comp, etc.

<u>Name of person Receiving Income</u>	<u>Name, Address & Phone of where income is received</u>	<u>Type of work or income</u>
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Subtotal:

GRAND TOTAL:

IF YOU NEED MORE ROOM, USE AN ADDITIONAL PAGE.

ASSETS:

Have you received or do you expect to receive any LUMP SUM payments such as inheritances, lottery winnings, insurance

settlements or an amount other than your monthly allotment from Social Security, Welfare or Disability? no yes
If yes, source of income: Amount of income: \$
Source address: When did you receive payment?
In the last TWO years have you sold, given away or disposed of assets for less than "fair market value" (example: real estate and other items held for investment purpose such as gems, jewelry, coins or collections)? no yes
If yes, type of asset: Amount received: \$
Name of party who acquired asset:
Address: Was this due to divorce, separation or bankruptcy? no yes

Are you requesting the handicapped/disability adjustment to income? No Yes

Are you requesting handicapped/disability unit accommodation? No Yes

Are you or any member of your household a current illegal user of a controlled substance or has a previous conviction of the same? No Yes

Have you or any member of your household been convicted of illegal manufacture or distribution of a controlled substance?
 No Yes

If answering yes to either one or both of the two previous questions, has offender completed a controlled substance abuse recovery program or is presently enrolled in such a program? No Yes

Are you or any member of your household 18 or older attending school? no yes If yes, who?

Do you own a pet? no yes If yes, how many? Description (cat, bird, etc.):

Do you have a waterbed? no yes

Do you pay for child care in order to be employed or attend school? _____

If yes, how much per week or month? \$ _____

IV. Possessions

Automobile (s):

Make _____ Model _____ Year _____ Plate # _____

Make _____ Model _____ Year _____ Plate # _____

Bank Accounts:

Type: Checking _____ Savings _____ Account Numbers _____

Applicant: I hereby verify that the above information is true and complete to the best of my knowledge.

Warning: Section 1001 of Title 18, United States code provides: "Whoever in any matter within the jurisdiction of a department or agency of the United States knowingly and willfully falsifies, conceals or covers up material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than 5 years or both.

I/We certify the housing I/We will occupy at Shotover Inn Apartments will be my/our permanent residence and I/We will not maintain a separate rental unit in a different location. I/We also certify that the information given is accurate and complete and

understand any misrepresentation will disqualify the applicant. I/We authorize the owner to obtain a credit report(s), verify or check any of the information given including credit references, employment, income, and to contact any previous landlords. By signing this form, I certify the information to be true and correct. APPLICATION CANNOT BE PROCESSED WITHOUT SIGNATURE(S).

Date Signature of Applicant

Date Signature of Co-Applicants (if any)

VOLUNTARY

INFORMATION FOR MONITORING PURPOSES

The following information is requested by the Federal Government in order to monitor FmHA's compliance with Federal laws prohibiting discrimination against applicants on the basis of race, color, religion, national origin, sex, familial status, age or handicap. You are not required to furnish this information, but are encourage to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, FmHA is required to note the race/nation origin and sex of individual applicants on the basis of visual observation or surname.

APPLICANT

CO-APPLICANT

Race/National Origin

Hispanic
{Not of Hispanic Origin}
 White Black

American Indian or Alaskan native

Asian or Pacific Islander

Sex Male Female

Are you a veteran or entitled to veteran's benefits?

Yes ____ No ____

(This question not used for monitoring purposes).

Race/National Origin

Hispanic
{Not of Hispanic Origin}
 White Black

American Indian or Alaskan native

Asian or Pacific Islander

Sex Male Female

Are you a veteran or entitled to veterans benefits?

Yes ____ No ____

(This question not used for monitoring purposes)