

**Office use only**  
**Date:** \_\_\_\_\_  
**Time:** \_\_\_\_\_  
**Apt. Size:** \_\_\_\_\_

**Office Use Only**  
**Gross Income:** \_\_\_\_\_  
**Adj. Income:** \_\_\_\_\_  
 30% \_\_\_\_\_ AMI 45% \_\_\_\_\_ AMI 55% \_\_\_\_\_

**RENTAL APPLICATION**

**LAS PALMAS APARTMENTS**  
**318 Main St./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 Las Palmas Apartments, 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 &amp; 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 &amp; 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 Las Palmas 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**

**Race/National Origin**

Hispanic  
 {Not of Hispanic Origin}  
 White      Black

Hispanic  
 {Not of Hispanic Origin}  
 White      Black

American Indian or Alaskan native

American Indian or Alaskan native

Asian or Pacific Islander

Asian or Pacific Islander

Sex     Male       Female

Sex     Male     Female

Are you a veteran or entitled to veteran's benefits?  
 Yes \_\_\_\_\_ No\_\_\_\_\_

Are you a veteran or entitled to veterans benefits?  
 Yes\_\_\_\_ No\_\_\_\_\_

(This question not used for monitoring purposes).

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