

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

Office Use Only
Gross Income: _____
Adj. Income: _____
30% EVL _____ 50% VL _____ 80% L _____

USDA Rental Application

Name: _____
 Telephone: _____
 Mailing Address: _____
 City: _____ State: _____
 Zip Code: _____

Name all persons in your household, starting with yourself.

Name	Relation	Date of Birth	Age	Sex	Social Security	Residency Card

In case of an emergency, whom can we contact?

Name	Telephone	Address	City/State/Zip Code	Relation

Please note two references that are not relatives:

Name	Telephone	Address	City/State/Zip Code	Relation

Incomplete application will not be processed. Falsification of any information is cause for immediate disqualification. If you have any questions regarding this application, please contact the office manager for assistance.

Rental History: Note your history for the last three (3) years.

Present Address			
City/State/Zip Code			
Dates Renting	From:	To:	Rent:\$ /month
Manager's Name			
Manager's Mailing Address			
City/State/Zip Code			
Manager's Telephone			
Reason for leaving			

Previous Address			
City/State/Zip Code			
Dates Renting	From:	To:	Rent:\$ /month
Manager's Name			
Manager's Mailing Address			
City/State/Zip Code			
Manager's Telephone			
Reason for leaving			

Previous Address			
City/State/Zip Code			
Dates Renting	From:	To:	Rent:\$ /month
Manager's Name			
Manager's Mailing Address			
City/State/Zip Code			
Manager's Telephone			
Reason for leaving			

Use additional pages if necessary

Apartment size that you are applying for? -Mark only one		
2 Bedrooms_____	3 Bedrooms_____	4 Bedrooms_____

Renter / Property Information

Please add additional pages for explanations	Yes	No
Have you been given a thirty (30)/sixty (60) day notice of eviction?		
Have you had an eviction?		

Have you paid your rent late?		
Have you been charged for apartment/house damages?		
Have you received complaints from a neighbor(s) or manager(s)?		
Have you been given a three (3) day pay or quit notice?		
Do you need an apartment for a handicap/disabled person?		
Does one of the adults in your household have legal resident status or is a USA citizen?		
Have you declared bankruptcy within the last three (3) years?		

Total Household Income

Does someone in your household receive income from any of the following sources? Use additional pages if necessary.	YES	NO	Monthly Gross Income \$	Name of the person(s) receiving income
Employment				
Work				
TANF				
SSA (Social Security)				
SSI (Supplemental Social Security)				
Unemployment				
Financial Aide/ Student Loans				
Child Support				
Alimony				
Pension				
Other Income not Earned (ex: housekeeping)				
Assets: including savings, CD's, Stocks, etc.				

Adults Occupations (18 years or older)

Adults Name	Occupation	Educational Institution - Name/Mailing Address (if applicable)

Employment Declaration

Note **ALL** adults (18 years or older) in the household that work or plan on working within the next twelve (12) months.

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Adults Name & Social Security	Employers Name & Telephone	Employers Mailing Address	City/State/Zip Code

Bank Information

Please provide the following information regarding your bank accounts. Use an additional page if necessary.

Name(s) of person(s) appearing on the account(s)	
Bank name	
Local Bank Telephone	
Local Bank Fax	
Bank Mailing Address	
Savings Account Number	
Savings Account Interest %	
Savings Account Balance	\$
Checking Account Number	
Checking Account % <i>(if applicable)</i>	
Checking Account Balance	\$

MARK HERE AND WRITE YOUR INITIALS HERE _____ IF ANYONE IN YOUR HOUSEHOLD HAS A BANK ACCOUNT.

Please answer the following questions	Yes	No
Do you or a household member consume illegal substances (drugs)?		
Have you or a household member been convicted of manufacturing or distributing an illegal substance(s) (drugs)?		

If you answered yes to a previous question, Has the offender completed or are currently in a recovery/rehabilitation program?		
Do you or another 18 years or older household member attend school full time?		
Does your household have a waterbed?		

Do you pay for any medical expenses that are not reimbursed for the handicap/disabled person in your household? Yes_____ No_____

Does your household have a pet? Yes_____ No_____

Do you pay for childcare in order to work or attend school? Yes_____ No_____

How much to you pay? \$_____ weekly/monthly

Information regarding the child cares provider/preschool:

Name	Telephone	Address	City/State/Zip Code

Vehicles:

Make_____ Model_____ Year_____ Plate #_____

Make_____ Model_____ Year_____ Plate #_____

Warning: Section 1001 of Title 18 Code of The United States dictates "Anyone in any jurisdiction of a department or agency of the United States consciously or voluntarily falsifies, omits or covers an act, or makes a fraudulent information, false or fictitious declaration or representation or uses some writing or false document knowing that such contains false or fictitious or fraudulent information, shall be fined a \$10,000 maximum penalty or jailed no more than 5 years or both things.

Rancho De Soto Apartments

Rancho De Soto Apartments is a housing community of 33 apartments made up of 2, 3, & 4 bedrooms, serving families with farm labor/agricultural income.

Waiting Lists

We maintain a general waiting list and an internal list of tenants to be transferred to a different size apartment. The majority of the apartments have some type of rental assistance making them desirable to the public and therefore more in demand. The list is based on priorities and date of your submitted application. It is your responsibility to contact the office, in writing to notify us of any change of address or telephone number. If this office makes an attempt to contact you, and is unable due to you having moved, your application will be deactivated and removed from the waiting list. Preference will be given to household with "extremely low" and "very low" income that has 100% of their income derived from farm labor/agricultural work. The internal waiting list to be transferred is designed to accommodate complete households to a different size apartment due to a change in the number of persons in their household and have priority over the general waiting list. Household that separate/divorce does not qualify for a transfer. The right of transfer of tenants is subject to the apartment rules and USDA Rural Development. The internal waiting list is consulted first when an apartment becomes available.

Qualifying Criteria for Rancho De Soto Apartments

All households' members whom will live with the applicant must fulfill the following criteria. The criteria include, but are not limited to the following:

1. Applicants must accept the first apartment offered, provided there is a reasonable relationship between the apartment which is being offered and the number of persons who will ultimately occupy it.
2. Applicants must comply with the minimum annual farm labor/agricultural income.
3. The adult with the farm labor/agricultural income must have legal resident status/citizen of the United States and have a valid social security number.
4. Applicants must have no accounts in collections or past due more than sixty (60) days or have declared bankruptcy in the last 3 years.
5. Applicants must have positive landlord endorsement. Negative endorsement defined: Three (3) or more late payments in any twelve (12) month period; Outstanding debt to any previous landlord; Eviction; Repeated behavior problems; Lease or rental agreement violations; Willful misconduct; Drug activity; Excessive uncleanness; Any conduct that would be grounds for termination of your contract at Rancho De Soto Apartments.
6. Applicants must successfully pass a criminal and drug activity background check. Out of state data will be included if a household member has lived outside California. You will be denied tenancy at Rancho De Soto Apartments if you have had any of the following listed, but not limited to: a) criminal drug activity or violent criminal activity or other criminal activity or drug and/or alcohol abuse that threatens the health and safety of the residents or staff or hinders the peaceful enjoyment of Rancho De Soto Apartments tenants; b) been evicted from Federally-assisted housing for drug-related criminal activity, for three years from the date of eviction; c) engaging in illegal drug use; d) a lifetime registration under a State sex offender registration program.
7. Any attempt to defraud Rancho De Soto Apartments, including but not limited to: Non-disclosure of income; falsifying any documentation; Falsification or non-disclosure of residences.
8. Applicants must agree to sign all necessary forms pertaining to subsidy qualifications and verifications.

By signing this form you are giving Rancho De Soto Apartments permission to perform the necessary background checks including, but not limited to, securing a credit report, criminal & drug-activity checks, wage match and verification of all information presented by you in this form. You also certify that you have read the sections of the application entitled: Rancho De Soto Apartments, Waiting Lists and Qualifying Criteria for Rancho De Soto Apartments.

I/We certify that the apartments to occupy at "Rancho De Soto Apartments" will be our primary residency and that I/we do not maintain another apartment for rent at any other place. I/We certify that the

information given is correct and complete and understand that any case of falsification is reason for disqualification of this application.

Applicant Signature

Date

VOLUNTARY INFORMATION FOR PURPOSE OF MONITORING

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged 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, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

APPLICANT

CO-APPLICANT

Ethnicity:

Hispanic or Latino
Not Hispanic or Latino

Ethnicity:

Hispanic or Latino
Not Hispanic or Latino

Race: (Mark one or more)

- 1. American Indian / Alaska Native
- 2. Asian
- 3. Black or African American
- 4. Native Hawaiian or Other Pacific Islander
- 5. White

Race: (Mark one or more)

- 1. American Indian / Alaska Native
- 2. Asian
- 3. Black or African American
- 4. Native Hawaiian or Other Pacific Islander
- 5. White

Gender: Male Female

Gender: Male Female

