

**GREY AREA TO BE COMPLETED BY MANAGEMENT**

H/H INC. CAT. \_\_\_\_\_  
 APPL. REC'D BY \_\_\_\_\_  
 TIME OF APPL. \_\_\_\_\_  
 APPL. NUMBER \_\_\_\_\_  
 DATE OF APPL. \_\_\_\_\_  
 LOTTERY NO. \_\_\_\_\_

**APPLICATION FOR HOUSING**

**Rohlffs Concordia Manor**  
**2400 Fair Drive**  
**Napa, Calif. 94558**  
**Phone # 707-255-9555**  
**Calif. Relay System # 711**

**Personal Information**

List all family members who will reside in the apartment (includes foster children or foster adults, live-in attendants and their relationship to the head of household):

	FULL NAME	RELATIONSHIP	SEX	AGE	BIRTHDATE	SSN
1.		Head of household				
2.		Co-head / Spouse				
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

HOME TELEPHONE NUMBER: \_\_\_\_\_ MESSAGE TELEPHONE NUMBER: \_\_\_\_\_

Name of absent parent(s) for above listed minor children: \_\_\_\_\_

**How did you hear about the apartment at Rohlffs Concordia Manor for which you are applying?**

\_\_\_\_\_

The following information is optional. In order to help us assess Affirmative Fair Housing effectiveness, please indicate your race and ethnicity: (Your response is optional and will have NO bearing on your eligibility for this apartment.)

Hispanic or Latino \_\_\_\_\_ Not Hispanic or Latino \_\_\_\_\_

American Indian or Alaska Native \_\_\_\_\_ Asian \_\_\_\_\_ Black or African American \_\_\_\_\_ Native Hawaiian or other Pacific Islander \_\_\_\_\_

White \_\_\_\_\_ Other \_\_\_\_\_

Married \_\_\_\_\_ Single \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_

You must also provide the last 5 consecutive years of addresses and landlord history: (If more space is needed, please use reverse side of this form.)

	CURRENT ADDRESS	PRIOR ADDRESS	PRIOR ADDRESS
STREET			
CITY			
STATE/ZIP			
RENT OR OWN?			
RENT PAYMENTS PAID TO:			
AMT. OF RENT PAYMENTS			
HOW LONG? (mo./yr.)	FROM: TO:	FROM: TO:	FROM: TO:
LANDLORD NAME			
LANDLORD ADDRESS			
MGR'S PHONE #	( )	( )	( )
REASON FOR LEAVING			

Please provide the following information about your vehicle:

	NAME	CA DRIVER I.D. #	CAR MAKE/MODEL	LICENSE PLATE #	COLOR	YEAR
1.						
2.						
3.						
4.						

If member of Armed Forces: Branch \_\_\_\_\_ Pay Grade \_\_\_\_\_ Salary \_\_\_\_\_

Has anyone listed gone by another name or SS# within the past five years? Yes \_\_\_\_ No \_\_\_\_

If yes, please indicate who and different name/SS#: \_\_\_\_\_

Nearest Relative: \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_ Occupation \_\_\_\_\_

Do you know anyone currently residing at the complex: Yes \_\_\_\_ No \_\_\_\_

If yes, provide name, address and phone: \_\_\_\_\_

Please check one to indicate your housing situation in the past two years:

- Standard                       Homeless                       Protective Shelter  
 Substandard                       Shared Housing                       Shelter

Personal References of two people not related to you:

1. Name \_\_\_\_\_ Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Day Telephone (\_\_\_\_) \_\_\_\_\_ Occupation \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Day Telephone (\_\_\_\_) \_\_\_\_\_ Occupation \_\_\_\_\_ Relationship \_\_\_\_\_

### Employment

Please provide the following employment information for each member of the household.

	HOUSEHOLD MEMBER'S NAME	EMPLOYER NAME	EMPLOYER ADDRESS	CITY/STATE/ZIP	PHONE	DATE STARTED / GROSS SAL/MO
1.						
2.						
3.						
4.						

### Other Sources of Income

List all money earned or received by everyone living in your household. This includes money from Self-Employment, Child Support, Contributions, Social Security, Disability Payments (SSI), Workman's Compensation, Retirement Benefits, AFDC, Veterans Benefits, Alimony, Unemployment, Rental Property Income, Stock Dividends, and all other sources. List amounts received below.

If more space is needed, please continue on the reverse side of this sheet.

	NAME	AFDC	CHILD SUPP.	SOC SEC & SSI	UNEMP. BNFTS	VA BNFTS	ALIMNY	SELF EMPLOY.	PNSION/ RETIRE	OTHER INCOME
1.										
2.										
3.										
4.										

Is any adult member (18 or older) on this list currently a part-time or full-time student? Yes \_\_\_\_ No \_\_\_\_

If yes, indicate the relationship to the Head or Co-Head/Spouse \_\_\_\_\_

School \_\_\_\_\_ Address \_\_\_\_\_

Comments \_\_\_\_\_

## Assets: Checking and/or Savings Accounts

Please provide the following information about checking & saving assets:

	NAME	ACCOUNT #	TYPE	BANK NAME/ADDRESS	CURRENT BALANCE	INTEREST RATE %
1						
2						
3						
4						

OTHER ASSETS/ACCOUNTS -- Please list any of the following assets that apply to you: Trust, Real Estate, Rental Property, Money Market Fund, Stocks, Bonds, Treasury Bills, Certificate of Deposit, IRA or Keogh, Retirement, 401K or Pension Funds, Inheritance, Lottery Winnings, Insurance Settlements, Capital Gains, Capital Investments, or any Personal Property held as an investment. Include all assets that may be held jointly with another person:

	NAME	ASSET/ACCT. TYPE	NAME/ADDRESS/CITY/ZIP	VALUE/BALANCE	INTEREST RATE %	INCOME RCV'D/MO
1.						
2.						
3.						

Are any assets held jointly with another person? Yes  No

If yes, explain: \_\_\_\_\_

### Lump Sum

Please list full amount of periodic payments received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of periodic receipts, including lottery payments. List any lump sum payment for the delayed start of a periodic payment except delays in processing unemployment.

INCOME TYPE	DATE RECEIVED	AMOUNT

### Credit References

	NAME OF COMPANY	CITY/STATE	BALANCE	MONTHLY PAYMENTS
1.				
2.				
3.				

### Real Estate

Do you own real estate? Yes  No

If yes, are you receiving any income from this property? Yes  No

Annual income from property: \$ \_\_\_\_\_

Location of property: \_\_\_\_\_

Have you sold any real estate or disposed of any assets in the last two years? Yes  No

If yes, Fair Market Value Amount: \$ \_\_\_\_\_

Sale Amount and Date: \$ \_\_\_\_\_ Date \_\_\_\_\_

Sale Amount and Date: \$ \_\_\_\_\_ Date \_\_\_\_\_

### Additional Information

Do you have any pets? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Description: \_\_\_\_\_ How many? \_\_\_\_\_

Have you ever applied or lived here before? Yes \_\_\_ No \_\_\_ Address \_\_\_\_\_ Date(s) \_\_\_\_\_

Have you ever filed for bankruptcy? Yes \_\_\_ No \_\_\_ Date \_\_\_\_\_

Have you ever been evicted from tenancy? Yes \_\_\_ No \_\_\_ Date \_\_\_\_\_ Reason: \_\_\_\_\_

Have you willfully or intentionally ever refused to pay rent? Yes \_\_\_ No \_\_\_ Reason: \_\_\_\_\_

Have you or any member ever lived in any assisted housing? Yes \_\_\_ No \_\_\_ If yes, when: \_\_\_\_\_

Has anyone in your household ever been convicted of any felony? Yes \_\_\_\_\_ No \_\_\_\_\_

Name/Explanation: \_\_\_\_\_

Have you ever been convicted of any fraud in a Federally assisted housing program or been requested to repay money for misrepresenting information for such housing program? Yes \_\_\_ No \_\_\_ If yes, explain: \_\_\_\_\_

Has assistance/subsidy/tenancy ever been terminated for fraud, non-payment of rent, or failure to cooperate with recertification procedures? Yes \_\_\_ No \_\_\_

Do you have a section 8 certificate/voucher? Yes \_\_\_\_\_ No \_\_\_\_\_

**Bedroom size unit required?** \_\_\_\_\_

**Do you require a unit with accessible features for persons with disabilities?** Yes \_\_\_\_\_ No \_\_\_\_\_ Explain \_\_\_\_\_

I certify the above information to be true and correct to the best of my knowledge. I authorize verification of assets, income, credit history, rental history and references. I understand that falsification of information found before or after acceptance of this property includes penalties that will result in cancellation of your application, also to include eviction, loss of assistance, if applicable. If this is a HUD subsidized property, the additional fines are imposed: fines of \$10,000.00 and five years imprisonment. WARNING!: Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Head/Spouse

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other

\_\_\_\_\_  
Date

**APPLICANT PLEASE NOTE:**

This is only a preliminary application. Completion of this form does not guarantee you housing, nor guarantee placement on our waiting list. Please see tenant selection criteria for further details.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Reviewed By

COMMENTS:

For hearing impaired persons:

**TDD # 711**

**WE ARE AN EQUAL OPPORTUNITY HOUSING PROVIDER**

Crescent Park Apartments does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

**Professionally Managed by:  
EAH, Inc.**

